

QUALIFICATION STANDARDS

NOTICE TO APPLICANTS

The following outlines the qualifying criteria for accepting your application to lease a rental unit from NAHSI:

1) RENTAL HISTORY

Applicant must have a third-party verifiable 2-year rental history, or a good mortgage payment history if a prior home owner.

2) CREDIT HISTORY

Applicant should have a recent credit history that reflects ability to pay proposed rent, utilities and ability to maintain property in good condition.

3) CURRENT INCOME VERIFICATION

Third-party verification of all household income and assets is required.

If the available unit rental amount exceeds 45% of an applicant's gross monthly income, the applicant will be deemed under-income and not eligible for the program.

Applicant's household income must not exceed current U.S. Department of HUD's Adjusted HOME Income limits.

4) CRIMINAL HISTORY

If misdemeanor conviction, more than 5 years must have lapsed since the date of completion of any imposed sentence.

If felony conviction, more than 10 years must have lapsed since the date of completion of any imposed sentence.

Applicants who are subject to a lifetime registration requirement under a State sex offender program are ineligible at any time.

Maximum occupancy for a 2-bedroom unit shall be 3 persons. Minimum occupancy 1 person.

Maximum occupancy for a 3-bedroom unit shall be 6 persons. Minimum occupancy 3 persons.

Maximum occupancy for a 4-bedroom unit shall be 8 persons. Minimum occupancy 4 persons.

WARNING: Any misrepresentation or falsification of information by any individual applicant will be considered fraud. Application will not be accepted and further processing will cease.

If discovered after a lease agreement has been executed, penalties can include (but are not limited to) termination of the lease agreement and eviction will be enforceable jointly and severally against all residents.

Under the Equal Housing Disclosure of the Fair Housing Act, NAHSI does not discriminate against a person on the basis of race, color, sex, handicap, national origin, religion, or familial status.



NAHSI RENTAL APPLICATION

Native American Housing Services, Inc. P.O. Box 408, McLoud, Okla. 74851 Fax #1-405-988-2164

Rental Unit Location: **(Check one)** Edmond 2-Bdrm
 Harrah Duplex McLoud 3-Bdrm Perkins 2-Bdrm
 Harrah 4-Bdrm McLoud 2-Bdrm Del City 3-Bdrm
 Harrah 3-Bdrm Choctaw 2-Bdrm Del City 2-Bdrm
 Moore 4-Bdrm Moore 3-Bdrm Shawnee 2-Bdrm

FOR OFFICE USE ONLY

Application Received: _____
 Date Approved: _____
 Date Rejected: _____

Current Phone # : (Cell): _____ (Home): _____ (Work): _____
Email: _____

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS including writing "No or N/A" where appropriate _____

PART I - FAMILY COMPOSITION – To be completed by applicant

Directions to Applicant: Please complete the table below of each member of your household, whether or not those members are related. Include all members who you anticipate will live in the unit at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses, which are considered full-time attendance by that institution. The five calendar months need to be consecutive.)

CURRENT MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PREVIOUS MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

Name All People to Occupy Unit (full legal name)			Date of Birth	Age	Sex	Relationship To Head	Social Security Number	Student: Part or Full Time? (circle one)
Last	First	Middle						
						HEAD		Y / N
								Y / N
								Y / N
								Y / N
								Y / N
								Y / N
								Y / N
								Y / N

PART I – FAMILY COMPOSITION – (CONTINUED)

Please complete the following questions:

- 1) Self or Spouse's Maiden Name (if applicable): _____
- 2) Do you expect any changes in the household composition in the next 12 months? Yes ___ No ___ If yes, explain _____
- 3) Do you or any other adult members of the household anticipate a change to the current income information below within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? Yes ___ No ___ If yes, explain _____
- 4) Does any adult member of the household anticipate enrolling in the next (12) months as a student? Yes ___ No ___ If yes, who? _____ Name of School(s): _____
- 5) Current Marital Status:
- | | | | |
|-----------|-------|--|--|
| Single | _____ | (whether living alone or with someone but not married) | |
| Married | _____ | (date _____) | <input type="checkbox"/> Divorce Decree(s) |
| Divorced | _____ | (date(s) _____) | <input type="checkbox"/> Legal Document |
| Separated | _____ | (date _____) | |
| Widowed | _____ | (date _____) | |
- 6) Do you have full legal custody of your child (ren)? Explain the custody arrangements:

- 7) Have you ever been evicted? Yes ___ No ___ If yes, explain:

- 8) Has any adult household member ever been convicted of a felony? Yes ___ No ___ If yes, explain:

- 9) Has any adult household member ever been convicted of a misdemeanor? Yes ___ No ___ If yes, explain:

- 10) Will your household be receiving Section 8 at time of move-In? Yes ___ No ___
- 11) Will this be your only place of residence? Yes ___ No ___ If no, explain:

PART II – HOUSEHOLD INCOME – to be completed by applicant

For questions (12) through (28), indicate the amount of anticipated income for all household members named in the table on page 1 for the 12-month period beginning this date. **For minors**, include unearned income amounts only. **If you are uncertain which types of income must be included or may be excluded, please ask the property manager for assistance.** Please be sure to answer all questions.

12)	Gross Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash; for Self- Employment, see Question #23	\$
13)	Child support (include support you are entitled to but may not be receiving	\$
14)	Alimony (include alimony you are entitled to but may not be receiving)	\$
15)	Social Security (SS)	\$
16)	Supplemental Security Income (SSI)	\$
17)	Public Assistance – ADC, TANF, FIP, and/or (AFDC)	\$
18)	Veterans Administration Benefits	\$
19)	Pensions, IRA, 401(K), Keogh Account, Annuities	\$
20)	Unemployment Compensation	\$
21)	Periodic Payments from Disability, Death Benefits, Long-Term Care Insurance	\$
22)	Workers' Compensation	\$
23)	Net Income from a Business (Self Employment, including rental property, land contracts, farm or other forms of real estate)	\$
24)	Regular Contributions or Gifts from person not residing in unit	\$
25)	Payments made on behalf of Applicants by person not residing in unit (i.e. outside source paying for insurance, utilities, etc.)	\$
26)	All regular pay paid to members of the Armed Forces (Military Pay)	\$
27)	IIM	\$
28)	Other Income (list)	\$

Comments:

PART III – ASSET INCOME – To be completed by applicant

CURRENT ASSETS – List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs that would be incurred in selling or converting the asset to cash.

Do you or Anyone in Your Household Have:

	Asset(s)	Yes	No	Approx. Cash Value	Institution's Name, Address & Account Number
29)	Savings Account				
30)	Checking Account				
31)	Debit Card				
32)	Money Market Account				
33)	Certificates of Deposit				
34)	Trust Accounts				
35)	Stocks or Securities				
36)	Treasury Bills				
37)	Retirement Fund/IRA Annuities/401K				
38)	Mutual Funds				
39)	Savings Bonds				
40)	Cash on Hand				
41)	Whole or Universal Life Insurance Policies				
42)	Other Assets				
43)	Personal Property held as an Investment (i.e. paintings, coin collections, show cars, antiques, etc.)				

44) Do you have equity in real estate, rental property, land contracts/contract for deeds, other real estate holdings, or other capital investments (including personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property) **Yes___ No___**

If yes, Cash Value: \$ _____

If yes, Type of Property: _____ Location (county): _____

Appraised Market Value: _____ Mortgage Balance Due: _____

Amount of Annual Insurance Premium: _____ Amount of Most Recent Tax Bill: _____

45) Have you sold or disposed of any asset in the last two years for less than the fair market value of the asset? (i.e. given money away, set up irrevocable Trust Accounts, given away property, sold property to a relative for less than its market value) **Yes___ No___**

If yes, Type of Asset: _____

Market Value when sold/disposed: \$ _____ (i.e. house worth \$100,000)

Amount/Value when sold/disposed: \$ _____ (i.e. house sold to family for \$60,000)

Date of Transaction: _____ (attach additional pages if necessary)

PART VI – IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name / Relationship	Address	Phone

PART VII – TWO YEAR RENTAL HISTORY - To be completed by applicant

51) Residence HISTORY: Current & Previous Landlords: (From present date to two years previous - Explain any break in rental history on page 8 of this application.) Other ref (mini 2 refs)

Current Address:	Monthly Rent:	Reasons for Leaving:
Landlord Name:	Landlord Address:	Landlord Phone:
Move-in Date:	Move-out Date:	
Prior Address:	Monthly Rent:	Reasons for Leaving:
Landlord Name:	Landlord Address:	Landlord Phone:
Move-in Date:	Move-out Date:	
Prior Address:	Monthly Rent:	Reasons for Leaving:
Landlord Name:	Landlord Address:	Landlord Phone:
Move-in Date:	Move-out Date:	

52) If you have a vehicle please list the following information for each vehicle:

Make	Model	Color	License/Tag #

53) Do you own a pet? Yes ___ No ___ If Yes, Please describe (Breed/Weight): _____
 (One pet per household – dog, cat or bird; weight cannot exceed 15 lbs. fully grown)

PART VIII – BACKGROUND CHECK - To be completed by applicant

PLEASE READ: To verify the above information, I/We hereby direct Native American Housing Services, Inc. to obtain any requested information, developed information, public record, rental history, employment and salary verification and credit report concerning me/us, hereby waiving all right of action for consequences as a result of such information. It is further understood that the provisions of the statutes of the State of Oklahoma (21 O.S.A. 1503), pertaining to the obtaining of the lodging by trick or fraud, are applicable to this application. **Initial** _____

PART IX – RESIDENT’S STATEMENT - To be completed by applicant

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this application/certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we certify that the unit applied for will be my/our permanent resident and that I/we will not maintain a separate subsidized rental unit in a different location. I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law and may lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION WHO ARE 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Other Applicant Signature	Date
Other Person Completing the Applicant And Reason for Assisting	Date
Reason: _____	

APPLICATION FEE: A non-refundable application fee of \$30 will be required for all adult members (18 years of age and older) of the household. **Due upon processing of the application** not while on the Waiting list.

PART X – FOR STATISTICAL PURPOSE ONLY - To be completed by applicant

We request that you please check only one of the following:

Designated Ethnicity:

- (a) Hispanic / Latino
- (b) Not Hispanic or Latino

Also Designated race:

- (1) American Indian/Alaska Native
- (2) Asian
- (3) Black
- (4) Native Hawaiian or other Pacific-Islander
- (5) White

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. **This information will not be used in evaluating your application or to discriminate against you in any way.** However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or supreme.”

PART XI – APPLICATION UPDATE - To be completed by applicant only AFTER application is approved by Approval Committee.

I/we certify and affirm the following:

- Changes to my/our circumstances have been noted above and initialed by all parties to this application.
- No changes have occurred in my/our circumstances between times of initial application and the date below.

Applicant/Resident _____ Date _____

Co-Applicant/Resident _____ Date _____

EXPLANATION :

STUDENT STATUS AFFIDAVIT **FOR HOME UNITS**

HOME requires this student question to be asked for ALL activities.

Household Name: _____

Address/Unit #: _____

The HOME student rule excludes certain students from participating independently in the HOME program.

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

If the answer above is YES, please answer the following; one exception must be met.

Name of household member attending institution: _____

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities?		
Will you reside with and are a dependent of a household member in this unit?		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

Signature of Applicant/Resident

Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.
