

Bah-Kho-Je Housing Authority

The Iowa Tribe of Oklahoma

335588 E. 750 Rd., Perkins, OK 74059 / Phone (405) 547-2402 / Fax (405) 547-1032

"Equal Opportunity Housing Authority"

STORM SHELTER PROGRAM

This program is designed to provide safe shelter and protection from violent storms, tornadoes and unforeseen disasters for our Tribal members who are homeowners. All Tribal members identified as owning qualified homes are eligible for this program.

Eligibility Requirements:

1. Must provide a copy of Iowa Tribe CDIB card and Social Security Card.
2. Must provide clear Title and/or Deed as proof of home ownership or copy of the Lease/Purchase Agreement through the Bah-Kho-Je Housing Authority
3. Must live within the United States.
4. Must provide financial verification in meeting HUD standards if applicable.

LEASE PURCHASE HOMES UNDER THE MANAGEMENT OF THE BAH-KHO-JE HOUSING AUTHORITY OF THE IOWA TRIBE OF OKLAHOMA ARE CONSIDERED TO BE ELIGIBLE.

YOU MAY OBTAIN 3 BIDS OF YOUR OWN TO SUBMIT ALONG WITH YOUR APPLICATION

STORM SHELTER PROGRAM

All questions in this application must be answered. The requested information is self-explanatory. This application is subject to the Privacy Act of 1974, Pub. L 93-579

A. APPLICATION INFORMATION

1. NAME: _____
Last First M.I. Maiden (if any)

2. Current Address: _____
Street Address PO, Box # (if any)

City State Zip Code

3. Telephone Number: (____) _____

4. Date of Birth: _____

5. Tribe: _____ 6. Roll Number _____

7. Marital Status:

☐ Married ☐ Elderly (55+) Own your Home: ☐ Yes ☐ No

☐ Single ☐ Handicapped Held in Trust: ☐ Yes ☐ No

Age of Home: _____ No. Bedrooms Age of Home: _____

No. Of Children _____

Information About Spouse:

8. Name: _____
Last First M.I. Maiden (if any)

9. Date of Birth: _____

10. Tribe: _____ 11. Roll Number _____

B. FAMILY INFORMATION

CONFLICT OF INTEREST

In accordance to 24 CFR 1000.30, no persons who participates in the decision-making process or who gains inside information with regards to NAHASDA assisted activities may obtain a personal or financial interest or benefit from such activities. Such persons include anyone with an interest in any contract, subcontract or agreement or proceeds thereunder, either for themselves or others with whom they have business or immediate family ties. Immediate families are determined by the Iowa Tribe of Oklahoma or Bah-Kho-Je Housing Authority in its operating policies.

Are you related to any employee of the Iowa Tribe of Oklahoma? _____

If yes, describe the employee(s) position and relationship to you? _____

The answers stated above are true to the best of my knowledge; any false information will result in my application being disqualified due to dishonesty.

Signature: _____

Date: _____

List all other persons living in household on a permanent basis, Start with the oldest and provide Name, Date of Birth, Social Security Number, Relationship to Applicant, and Tribe/Roll Number.

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	TRIBE/ROLL NUMBER

If you need more space use a blank sheet of paper

Date of this application: _____

C. INCOME INFORMATION

12. Earned Income: Start with applicant then list all permanent family members, including all who are listed under Parts A and B and have earned income. Provide signed copy of SF-1040 (income tax return), W-2 forms, wage stubs, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

13. Unearned Income: Start with applicant, then list all permanent family members, including all who are listed under Parts A and B and have unearned income such as social security, retirement, disability and unemployment benefits, child support, and alimony, royalties, per capita payments, interest etc. Provide check stubs, statements, individual Indian Money (IIM) ledgers, etc. for verification.

Name	Annual Earned Income	Source of Income

Total annual earned income: \$ _____

14. TOTAL COMBINED ANNUAL HOUSEHOLD INCOME (earned + unearned) \$ _____

Income Verification

Wages/Salary\$ _____ Your income will be examined to determine eligibility

Payment Schedule

Social Security\$ _____ Bi-weekly _____ Monthly _____

TANF :\$ _____ Bi-weekly _____ Monthly _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

YOU MUST SUPPLY A COPY OF YOUR TITLE/DEED, with this application

CERTIFICATION

I certify that I understand the forgoing and that all the facts contained herein are true and accurate. I further certify that I am aware that any false statements made by me in the foregoing will subject me to immediate disqualification for the Tribal program applied for and prosecution under the laws of the Iowa Tribe of Oklahoma.

Signature

Date

Directions:

PLEASE DRAW MAP TO HOME

