

# 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"

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### 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.

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#### 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

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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: \_\_\_\_\_ II. 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

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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) \$ \_\_\_\_\_

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**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: \_\_\_\_\_

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

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**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:

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PLEASE DRAW MAP TO HOME

