



**MUSCOGEE (CREEK) NATION  
DEPARTMENT OF HOUSING**

P. O. BOX 297 / Okmulgee, OK 74447 / 918 549-2500 / 1-800-482-1979

**APPLICATION  
FOR THE  
EMERGENCY REPAIR OF  
PRIVATELY OWNED HOMES PROGRAM**

For Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

**ORIGINAL APPLICATIONS ONLY NO COPIES OR FACSIMILES  
WILL BE ACCEPTED**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

**(This includes signatures, dates and other documentation requested.)**

## Checklist for Application

**Application must be completed, dated and signed in ink**  
**Return the application with a COPY of the following documents.**

- A \_\_\_ Creek Citizenship Card for all family members, (if applicable)
- B \_\_\_ CDIB or Tribal Citizenship Card of a Federally recognized Indian tribe (if applicable).
- C \_\_\_ Tribal Town Citizenship Card. (if applicable.)
- D \_\_\_ Social Security cards for all family members.
- E \_\_\_ Income Verification for anyone over 18 who is employed in the household. (Copy of check stubs will not be accepted.) If self-employed, Federal tax information must be submitted with schedules. Award letters required for Social Security, retirement, pension, royalties, child support, VA, etc.
- F \_\_\_ Notarized unemployment statement: Any household member over the age of 18 years, not employed, retired, disabled, etc., an unemployment statement is required.
- G \_\_\_ Copy of complete prior year Federal income tax forms including W-2's & 1099's (W-2's/1099's are mandatory) or complete the Non-Filing Status form page 14 for all members in household over age of 18.
- H \_\_\_ Proof of Ownership (Deed) in applicants name. (If spouse is listed on deed he/she must be on application. If deceased, provide a copy of death certificate.)
- I \_\_\_ Proof of Residency (gas, water or electric bill showing service address)
- J \_\_\_ Plat of Survey (if available)
- K \_\_\_ Copy of current mortgage statement (if applicable)
- L \_\_\_ Insurance verification
- M \_\_\_ Doctor's statement (if requesting handicap accessibility)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**THIS APPLICATION MUST BE COMPLETED AND SIGNED IN INK.**

**PART A: APPLICANT INFORMATION:**

1. Name of Applicant:

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Maiden)

2. Address:

\_\_\_\_\_ (Street and/or P.O. Box and/or RR) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (County)

3. Home Phone Number: \_\_\_\_\_

Message/Contact Phone Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Relation: \_\_\_\_\_

4. Marital Status (Check one): Married \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

5. Do you possess a Creek Citizenship Card? Yes \_\_\_\_\_ No \_\_\_\_\_ Creek Roll # \_\_\_\_\_

6. Do you possess a Tribal Town Citizenship Card? Yes \_\_\_\_\_ No \_\_\_\_\_ Roll # \_\_\_\_\_

6. Are you a Muscogee (Creek) Nation employee, member of the National Council/Board Member or an immediate relative of a Muscogee (Creek) Nation employee or National Council/Board Member?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please circle the relationship above that applies and

enter the name of relation \_\_\_\_\_

(Note: Immediate family is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse and grandchildren of the employee or "foster" or "step" situations within these relationships.)

**PART B: HOUSEHOLD INFORMATION:**

1. How many people permanently live in your home, including yourself? \_\_\_\_\_
2. List all person(s) living in the household on a permanent basis. Start with the applicant and provide Social Security Numbers for all person(s).

Name	Date of Birth	Social Security Number	Relationship to applicant
			Applicant

**PART C: INCOME VERIFICATION:**

1. List all permanent household member(s) receiving income, beginning with the applicant.

Name Of Household Member	Source of Income	Monthly Amount

**PART D: PROPERTY INFORMATION**

1. Is the deed in your name? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is a plat of survey available? Yes \_\_\_\_\_ No \_\_\_\_\_  
(A plat of survey is a layout of the property where the house sets, it shows the definite property description and property pins)
3. What year was your house constructed? \_\_\_\_\_
4. How many years have you owned and resided in your house? \_\_\_\_\_
5. Was your house built by Creek Nation Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did you receive a grant through the Mortgage Assistance Program? Yes \_\_\_\_ No \_\_\_\_
7. Do you have an existing mortgage? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Is this a mobile home? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you ever applied for Federal funds to receive housing improvement assistance? (i.e. FEMA) Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you have homeowners insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes statement of non-coverage or claim denial from insurance must be submitted, roof repairs if requesting)

**PART E: LOCATING INFORMATION (please be specific):**

1. Give detailed directions to the home to be repaired, from the closest major intersection:

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**PART F: EMERGENCY REPAIR INFORMATION**

**1. REPAIRS THAT AFFECT HEALTH & SAFETY**

**IDENTIFY THE PROBLEM** \_\_\_\_\_

- a. Where is the problem located? \_\_\_\_\_
- b. What caused the problem? \_\_\_\_\_
- c. How long has this been a problem? \_\_\_\_\_
- d. What steps have you taken to repair the problem? \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS APPLICATION IS NOT A BINDING CONTRACT AND DOES NOT BIND EITHER PARTY. The above information is true and correct to the best of my/our knowledge. I/we realize falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use or obtaining of federal funds.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Spouse/other**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**PART G: OPTIONAL INFORMATION**

**\*\*\*Read this certification carefully before you sign and date your application in ink.\*\*\***

Does anyone in the household, who is a permanent resident listed on this application, have a severe health condition, handicap, or permanent disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide name of person(s) \_\_\_\_\_, and **attach letters from two physicians certifying, handicap and or disability, if requesting handicap accessibility (ramp, rails, bathroom).**

*I certify that all the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. The information in this application will be used for the sole purpose of determining eligibility to receive housing improvement assistance.*

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Spouse/Other Date

**WAIVER**  
**LEAD BASE PAINT**

The Muscogee (Creek) Nation Dept. of Housing will perform a “Lead Base Paint” test to privately owned homes constructed prior to January 1, 1978 to determine if the home has lead paint.

If the lead base paint test finding is “positive” the Muscogee (Creek) Nation Dept. of Housing is not obligated to eliminate the lead base paint or provide rehabilitation services.

I acknowledge having read, understood and agreed to the above waiver.

\_\_\_\_\_  
Applicant (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# INCOME VERIFICATION

**Personnel:**

Regulations require the Muscogee (Creek) Nation Dept. of Housing to verify the income on families participating in our Emergency Repair of Privately Owned Homes Program. This information is for the purpose of determining eligibility only and will be kept confidential. (Applicant responsible for getting employer to complete.)

\_\_\_\_\_  
Applicants Name (Please Print)

_____ Employee Signature	_____ Date
_____ Social Security number	_____ Company Name
_____ Address	_____ Address
_____ City                      State                      Zip	_____ City                      State                      Zip
_____ Telephone Number	_____ Telephone Number

## THIS SECTION IS TO BE COMPLETED BY EMPLOYER

Current Numbers of hours worked per week: \_\_\_\_\_

If hours vary, state year-to-date earnings: \_\_\_\_\_

Current base pay rate (gross) \$ \_\_\_\_\_ WEEKLY BI-WEEKLY MONTHLY YEARLY

Other (Explain) \_\_\_\_\_

Seasonal: \_\_\_\_\_ Part-time: \_\_\_\_\_ Full-time: \_\_\_\_\_

If seasonal or sporadic employment, give lay-off periods: \_\_\_\_\_

Date employee hired: \_\_\_\_\_ Date employee terminated: \_\_\_\_\_

Employee title: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

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Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

**MUSCOGEE (CREEK) NATION  
DEPARTMENT OF HOUSING**

**UNEMPLOYMENT STATEMENT**

(\*Anyone 18 or older not working, retired, receiving Social Security, SSI, VA, Royalties as only source of income must complete before notary.)

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

**TO WHOM IT MAY CONCERN:**

**I, \_\_\_\_\_, hereby state that I am not presently employed.**

**The only source of income I have is \_\_\_\_\_.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Subscribed and sworn to, before me, this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires

**MUSCOGEE (CREEK) NATION  
DEPARTMENT OF HOUSING**

**UNEMPLOYMENT STATEMENT  
FAMILY MEMBERS**

(\*Anyone 18 or older not working, retired, receiving Social Security, SSI, VA, Royalties as only source of income must complete before notary.)

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

**TO WHOM IT MAY CONCERN:**

**My \_\_\_\_\_, as named \_\_\_\_\_, is presently not employed.**

**The only source of income he/she has is \_\_\_\_\_.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Subscribed and sworn to, before me, this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires



**MUSCOGEE (CREEK) NATION  
DEPARTMENT OF HOUSING**

**NON-FILING STATUS FORM  
FOR FAMILY MEMBER**

**I, hereby state that I do not file State or Federal Income Tax due to the following reason(s):**

**PLEASE CHECK ALL THAT APPLY**

Not enough income \_\_\_\_\_

Receiving Child Support \_\_\_\_\_

Receiving DHS Assistance \_\_\_\_\_

Receiving Social Security \_\_\_\_\_

Receiving VA Benefits \_\_\_\_\_

Receiving SSI \_\_\_\_\_

I/We certify that the information given is true and correct to the best of my/our knowledge. I/We understand that false statements of information are grounds for termination of Housing Assistance from this agency, and is subject to a \$10,000 fine, imprisonment up to five (5) years.

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**NOTE: If this is not sufficient documentation of the income status and we have found this statement is incorrect, the Dept. of Housing and HUD does have the right to investigate the applicant.**