

**NO FAXES
ACCEPTED**



MUSCOGEE (CREEK) NATION DEPARTMENT OF HOUSING
P. O. Box 297, Okmulgee, OK 74447, (918) 549-2529, email: mhall@mcn-nsn.gov

MORTGAGE ASSISTANCE PRE-APPLICATION

(Please note: Any information received will not be released to anyone, in accordance with the Privacy Act of 1974, P L 93-579.)

Name of Applicant: (Mr Mrs Ms circle one) _____

Joint Applicant (if applicable): _____

Mailing Address: _____ County: _____
Address City State Zip

Home Phone: () _____ Contact Phone: () _____ Contact/Message: _____

E-Mail address: (If applicable) _____ Cell Phone No.: _____

Present Employer and address _____

_____ Years there _____ Telephone _____

Position or title _____ Name of Supervisor _____

Applicant

Tribe _____

Enrollment Number _____

Blood Quantum _____

Total number living in the household _____ **required*

Joint Applicant (if applicable)

Tribe _____

Enrollment Number _____

Blood Quantum _____

List income for **all** persons (18 years and older) **including yourself**, living in the household on a permanent basis.

<u>NAME</u>	<u>SSN#</u> <i>*required</i>	<u>D.O.B.</u>	<u>RELATIONSHIP</u>	<u>GROSS MONTHLY INCOME</u> <i>*required</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURES

I have answered all questions to the best of my ability and knowledge. I hereby authorize the MCN Dept. of Housing to order a consumer credit report and communicate with any individuals and/or companies that will be necessary in processing my application for Mortgage Assistance. The information within this application is true and correct and I realize that 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 of obtaining of federal funds.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant/Spouse: _____ Date: _____

If married spouse signature required

Contact Information: Melba Hall, 918.549.2529, Email: mhall@mcn-nsn.gov