



## Housing Authority of the Peoria Tribe of Indians of Oklahoma

3606 Sencay Avenue  
Miami, OK 74354  
Phone 918.542.1873 Fax 918.542.4285



### APPLICATION INSTRUCTIONS FOR THE PEORIA HOUSING AUTHORITY DOWN PAYMENT & CLOSING COST ASSISTANCE PROGRAM

This program was established to provide assistance to low income eligible Peoria or Ottawa Tribal members and other low income eligible Native Americans. Non low income Native Americans may apply for Down Payment Assistance at a lower assistance amount. The purpose of the Down Payment & Closing Cost Assistance (DPA) Grant is to provide a mechanism for those eligible Native American families to secure a loan from a reputable mortgage company for purchasing an approved property as their primary residence.

To be eligible for this program, your gross household income may not exceed the HUD income limits as show in the table below. *The home must be located in the jurisdictional area of the Peoria Housing Authority (PHA). Jurisdictional area of the PHA is a 75 mile radius of Miami. The applicant must not owe a debt to the PHA, any utility company or any government agency. (IRS, student loan, etc.)*

HUD Income Guidelines as Published April 26, 2024

FAMILY SIZE	1	2	3	BASE 4	5	6	7	8
LOW INCOME MAX	\$54,768	\$62,592	\$70,416	\$78,240	\$84,499	\$90,758	\$97,018	\$103,277
NON LOW INCOME MAX	\$68,460	\$78,240	\$88,020	\$97,800	\$105,624	\$113,448	\$121,272	\$129,096

**Required Documentation:** Complete the application that is attached to this document. The following information and documentation must accompany the application.

☐ <b>Proof of Age:</b> State issued birth certificate for all family members
☐ <b>Tribal membership card of all tribal members:</b> Must be enrolled with a Federally Recognized Tribe
☐ <b>Social Security Cards:</b> For all family members
☐ <b>Authorization for Release of Information/Privacy Act Notice:</b> Signed by everyone living at the residence that is eighteen (18) years of age and above (form attached)
☐ <b>Authorization and Release for Criminal Background Investigation:</b> A separate form is required for everyone eighteen (18) year of age or older (form attached)
☐ <b>Home requirement:</b> Cannot be a mobile or doublewide home. Modular is acceptable.
☐ <b>Residency:</b> Must be a primary residence.
☐ <b>Income Verification:</b> Proof of income for all household members eighteen (18) years and older that reside in the home (form attached for employer to complete) <ol style="list-style-type: none"><li>1. <b>Must include previous month's pay stubs.</b> Other proof of income includes: Social Security statements, Social Security award letter for the current year, Retirement benefits letter for the current year, VA benefits statement dates within the last year, letter from Child Support Division and/or Divorce Decree, or notarized custody papers signed by the non-custodial parent, Department of Human Service (DHS), Alimony, Royalties, Per Capita payments, Interest, and Individual Indian money ledgers. <b>If unemployed provide documentation from State Employment office.</b></li><li>2. Current Tax return</li><li>3. If self employed, you must provide current tax return with all schedules</li></ol>

## **Down Payment & Closing Cost Application**

### **Processing:**

- ⏏ Upon receipt of complete application, the PHA will make a determination of eligibility within ten (10) business days. Applicants determined to be eligible shall be notified in writing and placed on the waiting list, should the applicant be determined to be ineligible he/she will be notified in writing within documentation as to the reasons for ineligibility.
- ⏏ The applicant next on the waiting list shall be notified in writing.

**Funding Requirements:** PHA utilizes federal funds provided by the Department of Housing and Urban Development (HUD) and therefore must comply with federal guidelines associated with the expenditure of these funds. Following are required steps and associated timelines that will affect your final service date for non-emergency services.

- ⏏ **Lead Base Paint Test** for homes built before 1978, requirement of 24 Code of Federal Regulations (CFR) Part 1000.40. Testing and lab results can take up to 60 days to receive. *If the home is older than 1978, it will not be the responsibility of the PHA to have it tested. That responsibility lies with the contractual agreement between owner and purchaser. Testing positive for lead could potentially disqualify you from down payment assistance from PHA.*
- ⏏ **Environmental Review** requirement of Native American Housing and Self Determination Act (NAHASDA) Section 105. Requires a minimum of 30 days in some instances. Some examples of this process but not limited to include the Lead Base Paint Test, Historical Society review, Archeological Survey review, looking at flood zones and airport flight zone.
- ⏏ Applicant must be approved by a lending institution for a conventional mortgage loan on the home.
- ⏏ PHA will place a temporary lien on the property that will be removed five (5) years after the date of closing. If you sell the property within those five (5) years, you will be required to repay the grant money to PHA at a prorated amount.
- ⏏ In addition to the above temporary lien, grant recipient must maintain insurance to cover damage to the property for five (5) years. The recipient must send proof of insurance coverage to PHA annually during those five (5) years. Failure to do so will result in demand of repayment to the PHA.

**1. Preference and Grant Limit:** The Peoria Housing Authority (PHA) Home Improvement Program is a grant, subject to PHA Useful Life restrictions providing a maximum of \$25,000 in assistance with preference given to enrolled Peoria and Ottawa Tribal members and then to other federally recognized Tribal members.

**2. Final approval is subject to availability of funds.**

[illegible]

**Down Payment & Closing Cost Application**

**Household Income:** List all income for every member of the household over the age of 18 years old.

HOUSEHOLD MEMBER WITH INCOME:	SOURCE OF INCOME (EMPLOYER, SOCIAL SECURITY, SSI, VETERANS BENEFITS, CHILD SUPPORT, ALIMONY, PER CAP PAYMENTS, INTEREST, INDIVIDUAL INDIAN MONEY LEDGERS, UNEMPLOYMENT BENEFITS)	ANNUAL AMOUNT:

**Other Information Needed:**

PLEASE ANSWER ALL QUESTIONS COMPLETELY			
Have you ever filed an application with the PHA?	<input type="radio"/> YES <input type="radio"/> NO	WHAT PROGRAM?	WHEN?
Have you or anyone in your household received DPA before?	<input type="radio"/> YES <input type="radio"/> NO	WHEN?	ADDRESS?
Have you or anyone in your household been arrested or convicted of a felony?	<input type="radio"/> YES <input type="radio"/> NO	IF YES, WHO?	CRIME?
Do you owe any utility company an outstanding balance for services?	<input type="radio"/> YES <input type="radio"/> NO	IF YES, WHO?	HOW MUCH?
Are any government agencies currently seeking collection? (IRS, student loan, etc.)	<input type="radio"/> YES <input type="radio"/> NO	IF YES, WHO?	HOW MUCH?

### **Down Payment & Closing Cost Application**

**Disclosures:**

Are you a PHA employee, PHA commissioner, Peoria or Ottawa Business Committee Member or closely related (father, mother, son, daughter, brother, or sister) to any of the above?

If yes, Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**I understand that the PHA will place a temporary lien on my property that will be automatically removed five (5) years after the date of filing lien. If I sell the property within the first five (5) years of ownership I will be required to repay the grant money to the PHA at a prorated amount.**

**The above information is correct to the best of my knowledge I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison.**

**I understand that, in connection with the routine processing of this application, the PHA may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, and mode of living. Upon written request from me, PHA will provide me with additional information concerning the nature and scope of any such report requested by is, as required by the Fair Credit Reporting Act.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Note: It is the responsibility of the applicant to notify the Housing Authority of any changes of address, income or family composition and to respond to all correspondence received from the Housing Authority in a timely manner. Failure to comply will result in the application of becoming inactive

## **Authorization for the Release of Information**

### **Authorization for the Release of Information and Privacy Act Notice**

Peoria Housing Authority  
3606 Sencay Avenue  
Miami, OK 74354

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

**Requirements:** Peoria Housing Authority (PHA) requires that you sign a consent form authorizing us to request verifications of salary and wages from current or previous employers; to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. We require independent verification of income information. Therefore, PHA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing the PHA to request income information from the sources listed on the form. We need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level.

**Uses of Information to be Obtained:** We are required to protect the income information we obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. We may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. The PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Persons who apply for or receive assistance under any of the Peoria Housing Authority programs, must complete this form. Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the PHA's grievance procedures.

**Sources of Information to Be Obtained:** State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisting housing benefits.

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**Authorization for the Release of Information**

**Consent:** I consent to allow Peoria Housing Authority to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that PHA will not use this form to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Co-Applicant	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

**Privacy Act Notice:** Your income and other information are being collected by Peoria Housing Authority to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of PHA, except as permitted or required by law. Penalty: You must provide all of the information requested by PHA, including all Social Security Numbers you, and all other household members, have and use. Giving the Social Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

## NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

Name of Head of Household on Housing Application:

I, the undersigned individual, do hereby authorize the Peoria Housing Authority, Miami, OK to procure a criminal background report on me for the purpose of initial applicant eligibility screening, lease enforcement and/or eviction actions. This authorization and release form is valid during the housing application process, and if accepted into a housing program, for the entire duration of stay in a PHA housing unit.

This above-mentioned report will be disclosed only to a PHA staff person who has a job related need for the information and who is an authorized officer, employee, or representative of the recipient.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Peoria Housing Authority, Miami, OK including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the Peoria Housing Authority, Miami, OK and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

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

Full Name (Please Type or Print Clearly in Ink):

(Do Not Abbreviate) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
Alias, maiden, or nicknames

Current Address: \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Date Lived \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Full Name on SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender, select one: Female Male  
Month Day Year

### To be completed by PHA Staff Only

*This criminal background report will be kept under lock and key and be under the custody and control of the PHA executive director/lead official and/or his designee for such records.*

Date report Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Report Determination, select one: Favorable Unfavorable

**Duplicate this Form as Necessary for Each Family Member 18 Years or Older**



## NOTICE/AUTHORIZATION AND RELEASE FOR CRIMINAL BACKGROUND INVESTIGATION

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I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Peoria Housing Authority, Miami, OK including, but not limited to any and all courts and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release the Peoria Housing Authority, Miami, OK and all persons, National Crime Information Center, police departments, and other law enforcement agencies, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing a criminal background report hereby authorized.

Further, I certify that the information contained on this Notice/Authorization/Release form is true and correct and that my housing application will be terminated based on any false, omitted or fraudulent information.

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

Full Name (Please Type or Print Clearly in Ink):

(Do Not Abbreviate) First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Dates Used: \_\_\_\_\_  
Alias, maiden, or nicknames

Current Address: \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Date Lived \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Full Name on SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender, select one: Female Male  
Month Day Year

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Date report Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Report Determination, select one: Favorable Unfavorable

**Duplicate this Form as Necessary for Each Family Member 18 Years or Older**

## VERIFICATION OF EMPLOYMENT INCOME

Applicant/Resident Name: \_\_\_\_\_

Applicant/Resident Address: \_\_\_\_\_

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

The individual named above has obtained or is attempting to obtain housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to become or remain eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(employer) to release the information requested below regarding my employment and compensation.

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

### **TO BE COMPLETED BY EMPLOYER:**

1. Date began Employment \_\_\_\_\_ Position/Occupation: \_\_\_\_\_
2. Current rate of pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, year, etc.)
3. Current rate of overtime pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, year, etc.)
4. Number of hours per week employee normally works \_\_\_\_\_
5. Anticipated average amount of overtime hour per week \_\_\_\_\_
6. Gross annual earnings you anticipate for this employee for the next twelve months, including all tips, bonuses, overtime, commissions \$ \_\_\_\_\_
7. If the employee's work is seasonal or sporadic, indicate lay-off period \_\_\_\_\_ to \_\_\_\_\_

I certify that the preceding information is true and correct:

_____ Name of Company Official	_____ Title of Company Official
_____ Company	_____ Signature
_____ Address	_____ Date
_____ City, State, Zip Code	_____ Phone/Fax Number

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.