



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 HOUSING IMPROVEMENT PROGRAM

This program was established to provide assistance to low income eligible Peoria or Ottawa Tribal members and other low income eligible Native Americans for housing repairs and rehabilitation that enhance habitability through basic housing repairs to assist in meeting life and safety building code compliance standards and minor renovation to adapt housing to special needs.

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.

<ul style="list-style-type: none"> 🏠 Proof of Age: State issued birth certificate for all family members 🏠 Tribal membership card of all tribal members: Must be enrolled with a Federally Recognized Tribe 🏠 Social Security Cards: For all family members 🏠 Authorization for Release of Information/Privacy Act Notice: Signed by everyone living at the residence that is eighteen (18) years of age and above (form attached) 🏠 Authorization and Release for Criminal Background Investigation: A separate form is required for everyone eighteen (18) year of age or older (form attached) 🏠 Year home was built and square footage: Must be provided 🏠 Proof of Homeownership Including Legal Description: In the form of a deed 🏠 Proof of Homeowner’s Insurance on Property 🏠 Proof of Residency: In the form of a current utility bill for the residence in the name of the applicant and bearing the address of the residence (the address that is listed must be the same as is on the application) 🏠 Income Verification: Proof of income for all household members eighteen (18) years and older that reside in the home (form attached for employer to complete) <ul style="list-style-type: none"> 1. Must include previous month’s pay stubs. 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. If unemployed provide documentation from State Employment office. 2. Current Tax return 3. If self employed, you must provide current tax return with all schedules
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Household members who have no income must complete the attached Zero Income certification form.

HIP 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 and through telephone contact that they have been selected, at which time PHA staff shall set up a home visit to identify the necessary scope of work needed based on the appropriate international building code, habitability and safety standards, and ADA standards if needed.

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.
- ⏏ **Environmental Review** requirement of Native American Housing and Self Determination Act (NAHASDA) Section 105. Requires a minimum of 30 days and, depending on the level of review required, this could take 90 days or longer.
- ⏏ **Contracting Provisions** a requirement of 24 CFR 85.36 This is a multi-step process that requires some or all of the following steps: Completion of scope of work; Solicitation of price quotes; Awards of contract; Notification for contractor to proceed; and Final inspection. Depending on the work to be done this could take 30 days or longer.

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. **Mobile Homes or Doublewide Home:** Home must not be a mobile home or doublewide home. Modular homes are acceptable.
3. **Insurance Requirements:** Participants are required to maintain insurance to cover damage to the property during the first 5 years after completion of work.
4. **Home Ownership:** Participants are required to maintain ownership of the home as their primary residence for at least 5 years after completion of work. Failure to do so will result in demand of repayment at a pro-rated rate to the PHA.
5. **Benefit Period:** This is a one-time program - no person may participate more than one time.
6. **Limited Scope:** This program is limited in scope based on allocated program funds and is not intended to completely eliminate all health and safety issues that may be present in the home nor is intended to provide cosmetic improvements or remedy overcrowded situations.
7. **Final approval is subject to availability of funds.**

HIP Application

Note: incomplete applications along with required documentations will not be processed.

Personal Information:

HIP Applicant

Name: _____ **Birth Date:** _____

Mailing Address: _____

Physical Address: _____

City/State/Zip: _____

Directions to Home: _____

Home Phone #: _____

Email Address: _____ **Cell Phone #:** _____

Household Composition:

NAME: (LAST, FIRST, MI)	RELATIONSHIP TO HEAD	ETHNICITY/TRIBE	GENDER	BIRTH DATE	SOCIAL SECURITY #
	Head				
	Co-Applicant				

Are you or any member of your family handicapped or disabled? Select one: Yes No

Please state Disability: _____

Wheel chair required? Select one: Yes No

Are you or any member of your family a veteran? Select one: Yes No

Have you or anyone in your household ever been arrested or convicted of a felony?: Yes No

If yes to above answer, who?: _____ Crime committed?: _____

HIP Application

Income Verification: List all income for every member of the household over 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:

Prior Assistance:

Have you ever been assisted through any PHA Program? Select one: Yes No

If yes, when?: _____

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: _____

HIP Application

Information Regarding Your Home:

1. Year House was Built: _____ **Square Foot of Home:** _____

2. Number of Bedrooms: _____ **Number of Persons Living in Home:** _____

3. Type of Heat, select one: Propane Natural Gas Electric

4. Type of Water, select one: Rural City Private Well

5. Type of Sewer, select one: City Septic System Lagoon

6. Name of Electric Company: _____

Eligible repairs are those that enhance habitability through:

- Repair assistance by remedying water, sewage, sanitation service, electrical or heating or cooling issues.
- Basic housing repairs to assist in meeting life and safety building code compliance standards including home safety issues.
- Minor renovation to adapt housing to special needs.

Please give a brief description of the issue(s) you are having with the home. Note: PHA staff shall set up a home visit and will determine the necessary scope of work needed based on the appropriate international building code, habitability and safety standards, and ADA standards.

HIP Application

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: _____

Official Use Only

PHA Representative accepting application: _____

Date application received: _____

Date placed on waiting list: _____ Time: _____

Comments: _____

HIP Application

Zero Income Certification

I hereby certify that I receive no income (no money) at this time from any source, including, but not limited to:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits
- Unemployment or disability payments
- Public Assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in the unit
- Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books (documentation required if applicable)
- Self-employment

I will be using the following sources of funds to pay for rent, groceries and other necessities:

I certify that my household claims zero income for determining housing assistance. Furthermore, I agree to notify Peoria Housing Authority immediately, if there is any change in my income.

Head of Household:	_____	_____	_____
	Printed Name	Signature	Date
Co-Applicant:	_____	_____	_____
	Printed Name	Signature	Date
Other Adult:	_____	_____	_____
	Printed Name	Signature	Date
Other Adult:	_____	_____	_____
	Printed Name	Signature	Date

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.

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

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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.

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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

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