



Absentee Shawnee Housing Authority
107 North Kimberly
Shawnee, Oklahoma 74801
(405) 273-1050

Storm Shelter Program Coversheet

This program is designed to provide safe shelter and protection from violent storms, tornados, and unforeseen disasters.

Requirements:

1. CDIB verification for applicant
2. Social Security cards for all household members
3. If applicant is not currently in the Mutual Help or NAHASDA Lease to Own Program, a clear title and /or deed will be required as proof of homeownership.
4. All required application forms completed.
5. No accounts in default, in current binding agreement (only one at a time) delinquent status owed to the Absentee Shawnee Housing Authority.
6. Home must be applicant's primary residence.
7. Documentation from a physician if you are handicap or disabled.
8. If your application is selected, you will have 10 days to confirm your participation.
9. Income verification of all household members. **Note: This program is Income based; you must meet the Income criteria. Income Requirements are listed on the second page of this application.**

Preference:

1. Absentee Shawnee Tribal Elders
2. Absentee Shawnee Tribal Members who are Handicap & Disabled.
3. Absentee Shawnee Tribal Members
4. Absentee Shawnee Tribal Descendants
5. Other Tribes

Service Area

1. Pottawatomie County
2. Lincoln County
3. Oklahoma County
4. Cleveland County

Eligibility Requirements:

1. You are only eligible for a storm shelter for your primary residence.
2. Applicants who are participating in the Mutual Help Program as well as the NAHASDA Lease to Own Program are eligible to apply.
3. If you live in a mobile home, you must own both the mobile home itself and the land it is located on to be eligible for this program.
4. Storm shelters are awarded one time only to each family in order to meet the needs of all Tribal Members.
5. A waiting list will be established based on preference listed above.

Received by ASHA STAFF initials: _____

TIME STAMPED: _____



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Storm Shelter Program Application

DATE OF THIS APPLICATION

Applicant Information

1. NAME: _____
LAST FIRST M.I. Maiden

2. Current Address: _____
Street Address PO BOX# (if any)

3. Telephone Number: (____) _____

4. Date of Birth: _____

5. Tribe: _____

6. Roll Number _____

7. Marital Status:
 Married Elderly (55+) Single Handicap/Disability
Must provide documentation of physical capabilities
Own your Home: Yes No Home held in Trust: Yes No

Age of Home: _____ No. of bedrooms: _____

Total in Household: _____

Information about Spouse:

8. Name: _____
LAST FIRST M.I. Maiden

9. Date of Birth: _____

10. Tribe: _____

11. Roll Number: _____

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Family Information

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	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	TRIBE/ROLL NUMBER

Income Information

NAME	PLACE OF EMPLOYMENT	PHONE #

Signature

Date

Income Requirements:

Family Size:	Maximum	Family Size:	Maximum
1	\$36,064	5	\$55,564
2	\$41,216	6	\$59,763
3	\$46,368	7	\$63,885
4	\$51,520	8	\$68,006

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"Among The Shawnee"

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Directions:

PLEASE DRAW A MAP TO HOME

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TIME STAMPED: _____



ABSENTEE SHAWNEE HOUSING AUTHORITY

PUBLIC DISCLOSURE NOTICE

To: Executive Office
Absentee Shawnee
Housing Authority

Date: _____

Re: _____

Staff _____

Board _____

Council _____

The above has applied and has been determined eligible for services:
The nature and basis of the assistance to be provided as follows:

Per 24 CFR 1000.30 a public disclosure must be made in accordance with the Absentee Shawnee Housing Authority's Conflict of Interest Policy.

ABSENTEE SHAWNEE HOUSING AUTHORITY



Notification of Potential or Appearance of Conflict of Interest

To: Southern Plains Office of Native American Programs

From: Absentee Shawnee Housing Authority
P.O. Box 425
Shawnee, OK 74802-0425

Date: _____

Re: _____
(Applicant)

Per 24 CFR 1000.30 and Absentee Shawnee Housing Authority Conflict of Interest Policy, this is to notify your office that the above named individual will be provided assistance through the Absentee Shawnee Housing Authority program: (check all that apply)

- Lease with Option to Purchase Rental
- Temporary Emergency Housing

This person is considered a potential Conflict of Interest for the following reason:

- Employee of ASHA
- Member of the ASHA Board of Commissioners
- Member of the Absentee Shawnee Tribal Council
- "Immediate" Relative to an ASHA Employee
- "Immediate" Relative to an ASHA Board Member
- "Immediate" Relative to an Absentee Shawnee Council Member

Signature _____

Date _____

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Absentee Shawnee Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
Head of Household: _____	_____	Date: _____
Spouse: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____
Adult Member: _____	_____	Date: _____

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 U.S. as to any matter within its jurisdiction.