

APPLICATION
HOUSING AUTHORITY OF OSAGE COUNTY
P. O. BOX 818, PAWHUSKA, OK 74056
PHONE #918-287-2270 FAX # 918-287-2224

THINGS TO SPEED UP YOUR APPLICATION PROCESSING:

- 1. *READ CAREFULLY AND PROVIDE ALL INFORMATION REQUIRED.***
- 2. *ALL APPLICATIONS MUST HAVE THE FOLLOWING TO BE PROCESSED:***
 - Copies of Social Security Cards, Drivers Licenses and Birth Certificates for all persons to be living in the apartment.
 - Two (2) references for the head of household and one (1) reference for anyone else that will be living in the apartment that is 18 years or older. These references cannot be related to you or anyone in your household.
 - Acceptable references are:
 - Rent References (***Must be on Business Letterhead or Notarized.***)
 - Business/Credit References (***Must be on Business Letterhead or Notarized.***)
 - Personal Character References (***Must be on Business Letterhead or Notarized.***)

These references must include the following:

 - Name, address and phone number of person or business giving the reference.
 - State years of acquaintance
 - Type of acquaintance
 - Must state your character as they know it
- 3. *Signatures*** of all adult members (18 years or older) of household.
- 4. *Verification*** of income. This must be faxed or mailed from your employer.
- 5. *Pay any money owed to this or any other Housing Authority.***
- 6. *You must not have any family members engaged in any criminal activity or drug-related activity.***
- 7. *Information about the Housing Authority of Osage County:***
 - **HAOC** provides equal opportunity housing.
 - **HAOC** does not provide emergency housing.
 - Rent is income based; wages, child support, alimony, pension, Social Security, SSI, TANF, interest and head rights, etc.
 - Security deposit is required. Additional deposit required for pets and proof of current rabies vaccination and City tags (where applicable).
 - **HAOC** does not provide any utilities. Applicants will pay all utility deposits (when instructed to do so by Project Manager) and must have service at all times.
 - Stove, refrigerator, central heat and air, washer and dryer hookups are provided.
 - Yard care is provided free.

*If you have any questions please call the number above and we will be glad to assist you!
Please return in a long envelope #10 or bring to office. We will not take Faxed application.*

APPLICATION

PHA use only: Date of application _____ Time of application _____

Rent references (1) _____ (2) _____ Business Credit References (1) _____ (2) _____

Business and or Personal Character References (1) _____ (2) _____

Signed by applicant _____ Co-applicant _____ Social Security Cards _____

Birth Certificates _____ Drivers Licenses _____ Income information _____

NCIC Report sent _____ returned _____ OCIS Search _____

PHA Certification: Based on the determinations set forth above, this family was found to be:

Eligible _____ Ineligible _____ Declined _____ Dated Admitted _____ Bedroom size _____

Signature of PHA Representative: _____ Date _____

Pawhuska _____ Hominy _____ Barnsdall _____ Shidler _____ Fairfax _____ Osage _____

Will any household member require modifications or special features in order to fully utilize Public Housing? Handicapped accessible _____ Audio _____ Visual _____ Partially Accessible _____

Do you have a pet? _____ Yes _____ No Will you be getting a pet? _____ Yes _____ No

Are you or anyone in your household a smoker? _____ Yes _____ No

Do you understand the deposit will be higher for a smoker and payable by monthly payments until paid in full?

1. **Name of head of household:** _____

2. **Name of adult co-head of household:** _____

3. **Current address; Street, Apt. #** _____

Current City, State and zip. _____

Current Area Code, Home & work Phone #s _____

Emergency contact Person & phone _____

For Statistical Purposes Only

4. **Race of Head:** _____ Caucasian/White _____ African American/Black _____ Asian or Pacific Islander _____ Native American/ Alaskan Native

5. **Ethnicity of Head:** _____ Hispanic/Latino _____ Non-Hispanic/Non Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the Public Housing Authority unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

Name Last, First	Date of Birth	Sex	Age	Social Security Number	Relation to Head	Disabled Person	Full time student
					Head		

6. Do you anticipate any changes in household composition with in the future? Yes No

7. Is the applicant family displaced by a declared Natural disaster, such as a flood, fire, etc?
Yes _____ No _____

8. Is the applicant family displaced by domestic violence? Yes _____ No _____

9. Is any adult family member employed? Yes No If yes, name address & phone # of employer: _____

10. Is any family member enrolled in a job training program, including one required under the Welfare program Yes No

11. Is any adult family member enrolled in an education program full-time? Yes No

12. Family Income Information: Please list the source and gross amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI SSID Unemployment, Worker's Compensation, Child Support, Indian headright, etc. Example: Wages, \$150/week, SSI, \$421/ month

Family Member Name	Income Source	Amount \$	Frequency – Per Week Month Year

13. Do you have a checking or savings account or own any Certificates of Deposit, stocks bonds etc? Yes No If yes, describe the type of asset(s): _____

14. Do you own any real estate? Yes ___ No ___ If yes, what is the current market value & address? _____

15. Have you sold any real estate in the past two years? Yes ___ No ___ If yes, what was the address _____

16. Current Landlord's name and phone# _____

Date Family moved to this location _____

17. Most recent address, Street, Apt. # _____

Most recent City, State and Zip _____

Most recent Area Code and Phone # _____

18. Prior Landlord's name, Phone # _____

Date Family moved to this location _____

19. Have you ever lived in public housing before? Yes ___ No ___ If yes, where? _____

Date: From _____ To _____ Name of Lessee: _____

Do you currently owe any money to a housing authority Yes ___ No ___

20. Have you ever been evicted from housing Yes ___ No ___ If yes, why? _____

21. Do you have any past due utility bills? Yes ___ No ___

22. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation Yes ___ No ___ If yes, please explain the nature of the problem, who was involved and date: _____

23. Is any one in your household currently on parole or probation? Yes ___ No ___ If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

24. Is the head of household or spouse age 62 or older or a person with a disability?
Yes ___ No ___

25. Is any person in the household disabled? Yes ___ No ___ If yes, please answer the following questions, if no, skip to question #28.

26. Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? Yes ___ No ___ If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses:
Type of expenses: _____

Name, address & phone # of a medical professional or pharmacist who can verify monthly medical expenses: _____

27. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work Yes ___ No ___ If yes, please describe the nature of the expense and the monthly amount: _____

Please give us the name, address and phone # of someone who can verify the expense: _____

28. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes ___ No ___ If yes, please list the name, address and phone# of your child care provider: _____
_____ Monthly un-reimbursed child care cost: \$ _____

29. Is any member of the household age 18 or older other than the family head and spouse a full time student? Yes ___ No ___

30. Drivers License or State ID # Applicant: _____

Co-applicant: _____ Automobile: Year _____

Make: _____ Model: _____ License: _____

I/We certify that the statements on this application are true to the best of my/our knowledge and believe and understand that they will be verified. I/We authorize the release of information to the Housing Authority of Osage County by my/our employer(s), the Department of Public assistance, the Social Security Administration, and or other business or government agencies. I/We understand that any false statement made on the application will cause me/us to be disqualified for admission.

Applicant Signature _____ Date _____

Co-applicant Signature _____ Date _____

Adult Member _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000.00 or imprisoned for not more than five years or both.