



Housing Authority of the Kickapoo Tribe of Oklahoma
P.O. Box 120
101 N. Blackberry Road
McLoud, OK 74851



(405) 964-6262 Main Office
(405) 964-6263 Fax
hakto@ktohousing.com

HAKTO STORM SHELTER APPLICATION
INCOME REQUIREMENTS
APPLICANT MUST MEET INCOME LIMITS

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Maximum	\$ 36,792	\$ 42,048	\$ 47,304	\$ 52,560	\$ 56,765	\$ 60,970	\$ 65,174	\$ 69,379

WE ONLY ACCEPT COMPLETE APPLICATIONS, WHICH MAY BE IN PERSON, EMAIL, AND FAX.
INCOMPLETE APPLICATIONS WILL BE RETURNED OR FILED INACTIVE

YOU MUST ATTACH ALL OF THE FOLLOWING DOCUMENTS WITH THE APPLICATION
IN ORDER FOR THE APPLICATION TO BE PROCESSED:

- Photo Identification for all adult applicants over the age of 18**
- CDIB and/or Tribal Enrollment Cards (all adult applicants in household)**
- Social Security Cards (all adult applicants in household)**
- Income verification (all adult applicants in household)**
- Proof of homeownership, if applicable**
 - o Title
 - o Warranty Deed
 - o Alloted/land lease
- Declaration of 214 (all household members)**
- Any other documentation requested by the Kickapoo Housing Authority**

WARNING!

ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN REJECTION OR DELAY OF YOUR APPLICATION



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Storm Shelter Program

The Storm Shelter Program is designed to provide safe shelter and protection from violent storms, tornados, and unforeseen disasters. Housing Authority IHBG grant up to \$2,500.00 per residence.

Applicant Requirements:

1. CDIB and/or Tribal Enrollment Cards (all adult applicants in household)
2. Social Security cards (all adult applicants in household)
3. Income verification (all adult applicants in household)
4. Proof of homeownership, if applicable
5. Home must be the applicants primary residence
6. No accounts in default or delinquent status owed to the Housing Authority of the Kickapoo Tribe of Oklahoma.
7. Applicant must reside within the Kickapoo Tribe of Oklahoma jurisdiction
8. If handicap or disabled, documentation from a physician is required
9. If your application is selected, you will have 15 days to confirm your participation

Service Preference:

1. Kickapoo Tribe of Oklahoma Elders
2. Kickapoo Tribe of Oklahoma Tribal Members
3. Kickapoo Tribe of Oklahoma Tribal Descendants
4. Other Federally Recognized Tribes

Service Area:

1. Kickapoo Tribe of Oklahoma Geographical Jurisdiction

Eligibility Requirements:

1. You are only eligible for a storm shelter for your primary residence.
2. Applicants who are participating in a NAHASDA Lease to Own Program in good standing 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.

***Please note that if selected, the homeowner may be responsible for contacting Okie Dig at 811, other additional costs for installation of the shelter, as well as obtaining the required permit within the residing county.**



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Storm Shelter Program

 DATE OF THIS APPLICATION

A. Applicant Information

1. Name: _____

LAST
FIRST
MI
Maiden (if any)
2. Current Address: _____

Street Address
PO Box (if any)
3. Telephone Number: (____) _____
4. Date of Birth: _____
5. Tribe: _____
6. Roll Number: _____
7. Status:
 Married Elderly (50+) Single Ambulatory Disability
Must provide documentation
8. Own Your Home: Yes No Held in Trust: Yes No
 Age of Home: _____ No. of Bedrooms: _____ Number of Children: _____

Information about Spouse

9. Name: _____

LAST
FIRST
MI
Maiden (if any)
10. Date of Birth: _____
11. Tribe: _____
12. Roll Number: _____



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B. Family Information

List all other persons living in household on a permanent basis. Start with the oldest and provide Name and Relationship to Applicant.

NAME	RELATIONSHIP TO APPLICANT

C. Income Information for all working adults in household

NAME	PLACE OF EMPLOYMENT	PHONE #

I have received the HAKTO Storm Shelter Policy and acknowledge; as stated in the Storm Shelter Policy.

Signature

Date

Spouse

Date



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Directions to your home:

PLEASE DRAW A MAP TO HOME



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NOTIFICATION OF POTENTIAL OR APPEARANCE OF CONFLICT OF INTEREST

TO: HOUSING AUTHORITY OF THE KICKAPOO TRIBE OF OKLAHOMA
P. O. BOX 120
MCLLOUD, OK 74851

FROM: **NAME OF APPLICANT:** _____

DATE: _____

RE: CONFLICT OF INTEREST

Per 24 CFR 1000.30 and the Housing Authority of the Kickapoo Tribe of Oklahoma Conflict of Interest Statement, this is to notify your office that I am requesting assistance through the Housing Authority of the Kickapoo Tribe of Oklahoma Storm Shelter program.

Storm Shelter Program (2016)

I would like to disclose that I am considered a potential Conflict of Interest because I am related to or am a: (please check all that apply)

- Employee of HAKTO
- Member of the HAKTO Board of Commissioners
- Member of the KTO Business Committee
- "Immediate" Relative of a HAKTO employee
- "Immediate" Relative of a HAKTO Board of Commissioners
- "Immediate" Relative of a KTO Business Committee Member

Signature

Date

Spouse

Date



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PUBLIC DISCLOSURE NOTICE

TO: HOUSING AUTHORITY OF THE KICKAPOO TRIBE OF OKLAHOMA
 P. O. BOX 120
 MCLLOUD, OK 74851

DATE: _____

RE: _____
 Name of Applicant

Please list any relatives employed by Housing Authority Staff, or serving on the Housing Authority Board and/or KTO Business Committee:

Housing Staff: _____

Housing Board: _____

Business Committee: _____

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 Housing Authority of the Kickapoo Tribe of Oklahoma Conflict of Interest Statement.

**AUTHORIZATION
for Release of Information**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of the Kickapoo Tribe of Oklahoma 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	Veterans Administration
Courts and Post Offices	Welfare Agencies	Retirement Systems
Schools and Colleges	State Unemployment Agencies	Banks and other Financial Institutions
Law Enforcement Agencies	Social Security Administration	Credit providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers	Utility Companies

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 United States as to any matter within its jurisdiction.

For Office use only: Initial Annual Interim Occupancy Specials

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance, must be lawfully within the United States. Please read the Declaration statement carefully and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjuryⁱ, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States.
- I have eligible immigration status and I am 62 years of age or older. Attach proof of age.ⁱⁱ
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigration status under §§ 101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)ⁱⁱⁱ
 - Permanent residence under § 249 of the INA^{iv}
 - Refugee, asylum or conditional entry status under §§ 207, 208 or 203 of the INA^v
 - Parole status under § 212 (d)(5) of the INA^{vi}
 - Threat to life or freedom under §§ 243 (h) of the INA^{vii}
 - Amnesty under § A of the INA^{viii}

(Signature)

(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: _____ Date: _____

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 - Parole status under § 212 (d)(5) of the INA^{vi}
 - Threat to life or freedom under §§ 243 (h) of the INA^{vii}
 - Amnesty under § A of the INA^{viii}

(Signature)

(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: _____ Date: _____

Housing Authority of the Kickapoo Tribe of Oklahoma



STORM SHELTER POLICY

These policies and procedures were adopted by the Board of Commissioners of the Housing
Authority of the Kickapoo Tribe of Oklahoma on *March 1, 2016*

Policy Statement

The Board of Commissioners of the Housing Authority of the Kickapoo Tribe of Oklahoma (HAKTO) recognizes the need to establish procedures regarding the HAKTO Storm Shelter Program. The HAKTO will provide assistance, within approved budget amounts, for the storm shelter installation of privately owned homes owned by enrolled members of a federally recognized tribe whom reside within The Kickapoo Tribe of Oklahoma Jurisdiction. Individuals and families who apply for the Storm Shelter Program funded by the HAKTO using Indian Housing Block Grant funds will have to meet eligibility standards established by the HAKTO along with other agencies or financial institutions that may be partners in these programs.

1. General Information

- a.** The HAKTO will provide funding for the installation of an approved storm shelter for individually owned homes or homes owned by the HAKTO.
- b.** Participation in the Storm Shelter Program is limited to low-income families whose income does not exceed eighty percent (80%) of the national median income, as set by HUD. Participants will be required to provide documentation to verify the determination of low-income status. The HUD income guidelines, as may change from time to time, are hereby adopted and incorporated by reference.
- c.** The Executive Director or other designated employee and/or governing body of the HAKTO shall review and approve each Storm Shelter Program application. Eligible low-income families must make their request for a storm shelter on an application form developed by the HAKTO.
- d.** This assistance is a grant (or forgivable loan as determined by the HAKTO) to the tribal member and is paid directly to the vendor or contractor or appropriate agency that requires specific types of fees for permits, fees, or licensing requirements to install a storm shelter, and will be FEMA certified. The payment is only made after the governing body of the HAKTO has approved the application and the tribal member has received a letter of approval from the HAKTO. A copy of this letter must be furnished to the HAKTO and is verified before payment is made.
- e.** The HAKTO shall determine the maximum dollar amount that may be spent on the storm shelter installation of eligible homes.

2. Purpose

- a. This policy describes the type of work that is allowable and the steps that must followed to request payment for the storm shelter installation. The purpose of this program is to provide safe shelter and protection from violent storms, tornados, and unforeseen disasters.

3. Definitions

- a. **Applicant**-An individual(s) who own(s) and occupy(ies) real property that is intended to be improved. Applicant must qualify as a low-income family, whose income does not exceed eighty percent (80%) of the national median income, as set by HUD, at the time the assistance is provided. Applicants primary residence must be within The Kickapoo Tribe of Oklahoma geographical jurisdiction.
- b. **Primary residence**-the dwelling in which the owner resides and to which he/she holds title, deed, lease, or lease to own. An individual may only have one primary residence.

4. Applicant Requirements

- CDIB Verification for applicants
- Social Security cards for all adult household members
- Income verification of all adult household members
- If applicant is not currently in the NAHASDA Lease to Own Program, a clear title and/or deed will be required as proof of homeownership.
- Home must be the applicants primary residence
- All required application forms completed
- No accounts in default or delinquent status owed to the Housing Authority of the Kickapoo Tribe of Oklahoma.
- Applicant must reside within the Kickapoo Tribe of Oklahoma geographical jurisdiction
- Documentation from a physician if you are handicap or disabled.
- If your application is selected, you will have 15 days to confirm your participation
- If selected, the homeowner may be responsible for contacting Okie Dig at 811, other additional costs for installation of the shelter, as well as obtaining the required permit within your county.

5. Approval Process

- a. The HAKTO shall review all applications for approval or denial subject to the availability of funds.
- b. If your application is selected, you will have 15 days to confirm your participation.

6. Allowable Uses

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

7. Unallowable Uses

- a. Storm shelter shall not be used for storing items such as electronic equipment, household items, household furniture, or any other unnecessary items. Only necessary emergency items may be kept in the shelter.

8. Payment for materials, construction costs and/or contractor services

- a. For the storm shelter installation, the HAKTO will make direct payment to the party performing the work or to the vendor where the purchase for material was made according to the HAKTO Procurement Policy. At no time will payments be made directly to the homeowner for any material or contractor invoices.

9. Inspections

- a. For storm shelter installation, the HAKTO will conduct an interim inspection, and upon completion of the project, a final inspection will be performed with the homeowner. A certification of completion will be signed by the homeowner along with the HAKTO and the contractor prior to final payment being issued.
- b. All completed work must be inspected to assure that work completed meets any Housing Quality Standards established by the HAKTO, if applicable.
- c. All homes must be inspected prior to being approved for the Storm Shelter Program to assure that the proper level of environmental review has been conducted in accordance with the National Environmental Policy Act (NEPA) and any other applicable statutes, regulations and Executive Orders.



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BINDING COMMITMENT AGREEMENT
Storm Shelter Program

This Agreement, made and entered into this _____ day of _____, 20_____, by and between the undersigned Homeowner(s), *enter name* and the Housing Authority of the Kickapoo Tribe of Oklahoma, a public body corporate (the “Housing Authority”); (both of whom are referred to herein as the “Parties”).

Homebuyer is qualified for the Housing Authority the **Storm Shelter Program**. The Housing Authority has agreed to grant and provide such funds, subject to the terms and conditions below:

1. The Housing Authority agrees to provide IHBG funds, under the storm shelter program.
2. If the home is sold, mortgaged, or otherwise transferred, the Homeowner(s) agree(s) to immediately reimburse and pay to the Housing Authority a pro-rated amount of the IHBG funds expended. The pro-rated amount will be 33% for the first year, 34% for the second year, and 33% for the third year. This amount is a percentage of the total cost.
3. Homeowner(s) will use the Property for residential purposes only and that the Homeowner is the primary resident and will not use home for lease, sub-lease, or rental property.
4. All remaining terms and conditions contained in the Agreement, not otherwise modified or amended, shall remain in full force.
5. This agreement shall be binding upon signatures of all Parties, and their respective heirs, personal representatives, successors and assigns.



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By signing below, I am agreeing to the terms of this Binding Commitment Agreement.

Homeowner

Date

Homeowner

Date

HAKTO Executive Director Signature

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

NOTARY PUBLIC

(Seal)

My Commission expires the _____ day of _____, 20__.