

United Keetoowah Band Housing Department

PO Box 60, Park Hill, OK 74451

18263 W. Keetoowah Circle, Tahlequah, OK 74464

Telephone 918-871-2773

Fax 918-414-4073

COLLEGE STUDENT HOUSING ASSISTANCE PROGRAM APPLICATION GUIDELINES

The following guidelines shall govern the application procedures for housing assistance from the United Keetoowah Band Housing Department:

All Applicants:

1. Must be a member of a federally recognized tribe. Preference will be given to United Keetoowah Band tribal members.
2. Applicant must be a full-time student.
3. Applicant's household income must be at or below 80% of the National Median Income, as set by HUD, and their primary residence must be within the United Keetoowah Band of Cherokee jurisdictional boundaries.
4. Applicant must complete a College Student Rental Assistance Application each semester. (*Exception - Continuing recipients will need to recertify their existing application.*)
5. Must submit verification of permanent physical address.
6. Must submit a copy of United Keetoowah Band tribal membership card and any other documents deemed necessary by the Housing Department.
7. Must submit an Official College Transcript. This must show the previous semester grades.
8. Applicant must maintain a 2.0 grade point.
9. Must submit a Class Schedule for the semester.
10. Must submit evidence of the amount of the Applicant's rent or student housing costs.
11. If student lives on campus, a W-9 will need to be filled out by the school.
12. If student lives off campus, a landlord information packet will need to be filled out by the landlord.

Application Review: The Director of Housing will evaluate completed applications. This will include verification of income and exclusive membership status. NO award will be made until all official transcripts and documents are submitted to the Housing Department. Applications will not be accepted until all required documentation has been secured and attached to the completed application. **All awards are based on availability of funds.**

Basic Eligibility: The applicant must be a member of a federally recognized tribe. Preference will be given to exclusively enrolled United Keetoowah Band members. Applicant must be admitted for enrollment to an accredited institution of higher education on a full-time basis. (We require a minimum of 12 hours or more semester credit hours per academic term for undergraduate students and a minimum of 9 or more semester credit hours for graduate students.)

Universities and Colleges: The college or university a student attends must be accredited by a nationally recognized accrediting agency.

Assistance Amount: The amount of assistance provided upon approval and compliance with the above guidelines will not exceed \$2,500.00. The actual award amount will be determined during

the application review process. This is only for housing costs and no other expenses. Any housing costs above the allocated amount will be the responsibility of the student.

Payments will be made directly to the college/university if residing on campus or to the landlord if residing off campus. Payments will be made in one lump sum. If the student moves out during the semester, the institute/landlord must return a prorated amount to the UKB Housing Department.

Assistance Restriction: Assistance is limited to eight (8) semesters.

Application Deadline: Applications must be received by August 31st for the Fall Semester and by January 31st for the Spring Semester. Applications must be received by the close of business. When the stated deadline falls on a weekend or recognized holiday, the application deadline shall be extended to the next business day. There will be no exceptions to late, incomplete, or emergency applications.

Official Transcripts: An official transcript from the preceding semester and new class schedule is required before any assistance will be given. The student is responsible for submitting this transcript along with any new request for assistance.

Independent Student Status: To qualify as an independent student, you must file your own income tax return, not be claimed as a dependent on parents' tax returns and maintain a separate household for the previous twelve months.

Appeal Process: A student who has applied for the College Student Housing Assistance Program and who, for any reason, has been determined ineligible will be notified by the UKB Housing Department in writing. The notification shall state the reason for ineligibility. The applicant will have an opportunity to appeal the denial to the UKB Housing Committee.

Priority will be given to United Keetoowah Band exclusive tribal members.

Family Income Limits effective April 15, 2025

Family Size	1	2	3	4	5	6	7	8
80% of Median Income	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035

Required Documentation to be attached to this application:

- Copy of current UKB Membership Card
- Social Security Card
- Driver's License/School ID
- Official Transcript
- Class Schedule
- Tax Returns
- Any other documents deemed necessary by the UKB Housing Department.

Application Deadline is:

August 31st for Fall Semester

January 31st for Spring Semester

Please return all requested documents to:

**UKB Housing Department
College Housing Program
PO Box 746
Tahlequah, OK 74465**

*****FOR OFFICE USE ONLY*****

Date Recvd: _____ Time: _____ Staff Signature: _____

Applicant Info:

EFC: _____ GPA: _____ HRS EARNED: _____ PROGRAM SEMESTER FUNDED: _____

**United Keetoowah Band Housing Department
Family Composition
College Student Housing Assistance**

Name

Unit Number

Address

Telephone Number

City/State/Zip

Other Contact Telephone Number

NAME	RELATIONSHIP	AGE	Date of Birth	SEX	SOCIAL SECURITY NUMBER	Tribe or Race
	Head					
	Spouse					

INCOME INFORMATION

List the total annual income of all household members (include wages, salaries, and tips, and other income such as alimony, child support, Social Security, TANF, Veteran's Pension, Retirement, etc.

NAME	SOURCE	ANNUAL AMOUNT

Current living situation: (Circle one)	Living with family	Lease to Own	Homeless	Renting	Home is paid off	Mortgage
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APPLICATION CERTIFICATION.

I certify the information given above and all other information given to the UKB Housing Department is true and correct to the best of my knowledge. I understand that willful false statements or misrepresentation is a criminal offense. I understand that any and all references will be verified including and not limited to exclusive enrollment with UKB.

Head of Household

Date

Spouse

Date

Priority will be given to United Keetoowah Band exclusive tribal members.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if
none) (Full address name of contact person, and date)

IHA requesting release of information; (Cross out space if none) (Full
address name of contact person, and date)

United Keetoowah Band Housing Department
PO Box 60,
Park Hill, OK 74451

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 19883 as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544,

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA 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. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C 552a. HUD 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 HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA 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: 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.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing Section
23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

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 HA's grievance procedures and Section 8 informal hearing 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.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103 (1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

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 assisted housing benefits.

Consent: I consent to allow HUD or the HA 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 HAs that receive income information under this consent form cannot use it 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		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	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. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. 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 HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older 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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use

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, sign and return it to the UKBHD. Please feel free to consult with an immigration lawyer or immigration expert of your choosing.

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

- ☐ I am a citizen by birth, naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older(attach proof of age); or
- ☐ I have eligible immigration status as checked below. Attach INS documents(s) evidencing eligible immigration status and signed verification form.

- ☐ Immigration status under 101(a)(15) or 101 (a)(20) of the INA; or
- ☐ Permanent residence under 249 of INA; or
- ☐ Refugee, asylum, or conditional entry status under 207,208, or 203 of the INA;
or
- ☐ Parole status under 212 (d)(5) of the INA; or
- ☐ Threat to life or freedom under 243(h) of the INA; or
- ☐ Amnesty under 245A of the INA

Signature

Date

*Parent/Guardian must sign their name for family member(s) under 18 years of age.
Do **NOT** sign a child's name.

Warning: Section 1001 of Title 18 of the U.S. code makes it criminal offence to make willful false statements of misrepresentation to any Agency of the U.S. to any matter within its jurisdiction.

**UNITED KEETOOWAH BAND OF CHEROKEE INDIANS
HOUSING DEPARTMENT**

18263 W. Keetoowah Circle/ P.O. Box 60 / Tahlequah, OK 74464

Phone: (918) 871-2773 / Fax: (918) 414-4073

email: housing@ukb-nsn.gov

EMPLOYMENT VERIFICATION

Complete the top half of this form by listing your employer's name and mailing address. Print your name, list your social security number and list your employer's phone number.

Name of Company/Employer

Employee's Name

Mailing Address

Social Security Number

City, State, and Zip Code

Employer's Phone Number

I hereby authorize you to furnish all of the information requested.

Signature of Applicant/Participant

Date

*****THIS SECTION IS TO BE COMPLETED BY EMPLOYER*****

Anticipated Gross Earnings for the next 12 month period \$ _____

Average number of hour per period _____

Average number of hour per week _____

Current-Base Pay Range (Gross) _____

Employee is paid: () Weekly () Bi-Weekly () Bi-Monthly () Monthly

Employment: () Full - Time () Part - Time () Temporary/Seasonal

If temporary/seasonal, indicate lay off periods: _____

Employee Title or Position: _____ Date of Hire: _____

Signature of Authorized Personnel

Date

Phone Number

Fax Number

IF YOU HAVE NO INCOME

This statement is to certify that I am not receiving income from any source. I am not:

- Employed through any public or private employer,
- Receiving any cash payments for any service,
- Receiving any type of unemployment or workers compensation benefits,
- Receiving TANF, Social Security, Veterans benefits or any other governmental or tribal benefits,
- Receiving a pension, retirement, per capita or any other annuity benefits,
- Receiving child support, family assistance, aid for charity/church or monetary benefits,
- Receiving any income from babysitting, cutting wood, selling household/metal goods or any other odd job/source.

I understand I must report any changes in income immediately. I understand that I must furnish all of the information requested on this inquiry.

Signature of Participant/Applicant

Date

Social Security Number

Print Name of Participant/Applicant

IF YOU DO ODD JOBS, COMPLETE THIS SECTION

I do odd jobs and receive \$_____, ___ weekly or monthly (mark the one that applies, if left blank the Department will assume it is weekly). The odd jobs I perform

are: _____

Signature of Participant/Applicant

Date

Social Security Number

Print Name of Participant/Applicant

INCOME ASSISTANCE

This form is to be completed by the head, spouse and other household members that are 18 years of age or older. **NOTE:** Signature and social security number are required!

COMPLETE EVEN IF YOU DO NOT RECEIVE BENEFITS.

Signature: _____ SSN: _____

Signature: _____ SSN: _____

Signature: _____ SSN: _____

Signature: _____ SSN: _____

If you draw from a different social security number, list the number:

SSN: _____ V.A. Claim Number: _____

*****THIS SECTION IS TO BE COMPLETED BY THE AGENCY*****

BENEFIT	AMOUNT	PERSON RECEIVING BENEFIT
SSA	\$ _____	_____
SSI	\$ _____	_____
VA	\$ _____	_____
TANF	\$ _____	_____
CHILD SUPPORT	\$ _____	_____
AID TO DISABLED	\$ _____	_____
GENERAL ASSISTANCE	\$ _____	_____
OTHER:	\$ _____	_____
Explain: _____		

Does the state pay supplemental insurance/Medicare? Yes No

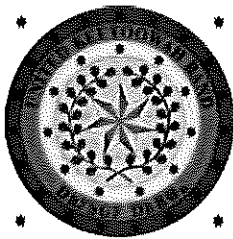
If yes, amount \$ _____

Signature of Authorized Personnel

Date

Phone Number

Fax Number



United Keetoowah Band Housing Department

PO Box 60, Park Hill, OK 74451
18263 W. Keetoowah Circle, Tahlequah, OK 74464
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Full Time Student Verification Form

Complete the top half of this form by listing the college/university and mailing address.
Print your name and list your social security number.

Name of College/University

Student's Name

Mailing Address

Social Security Number

City, State, and Zip Code

I hereby authorize you to provide all the information requested.

Signature of Applicant

Date

This Section to be Completed by Admissions Office

The individual listed above is a full-time student at this educational institution. The
classification of this student is: (Check one)

___ Freshman (0-29 hours)

___ Junior (60-89 hours)

___ Sophomore (30-59 hours)

___ Senior (90 or more)

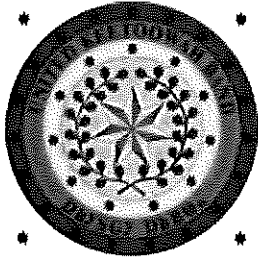
Signature of Authorized Personnel

Date

Phone Number

Fax Number

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



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Financial Aid Verification Form

Complete the top half of this form by listing the college/university and mailing address.
 Print your name and list your social security number.

 Name of College/University

 Student's Name

 Mailing Address

 Social Security Number

 City, State and Zip Code

I hereby authorize you to provide all the information requested.

 Signature of Applicant

 Date

This Section to Be Completed by Financial Aid Office

FINANCIAL AID RECEIVED			ESTIMATED EXPENSES		
	Spring	Fall		Spring	Fall
PELL			Tuition/Fees		
BIA			Books		
OTAG			Supplies		
OHLAP			Room		
SEOG			Meals		
Gates Millennium			Other:		
Scholarships					
Other					
Total Received			Total Cost		

 Signature of Authorized Personnel

 Date

 Phone Number

 Fax Number

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.