

PHOTOSTAT COPIES OF ALL
CDIB CARDS ALL HOUSEHOLD
MEMBERS REQUIRED TODAY

MODOC HOUSING AUTHORITY

RENTAL APPLICATION

Date ____ / ____ / ____

Name _____

YOUR CURRENT LANDLORD:

NAME: _____

Phone: _____

Telephone: _____ Alt.Ph: _____

Address _____

City _____ State _____ Zip _____

Total number of people in household ____ Adults ____ Children

Complete information for every person who would live in the rental unit.

Name _____	Age _____	Male/Female
Tribal Affiliation _____	Membership # _____	
S.S. # _____		

Name _____	Age _____	Male/Female
Tribal Affiliation _____	Membership # _____	
S.S. # _____		

Name _____	Age _____	Male/Female
Tribal Affiliation _____	Membership # _____	
S.S. # _____		

Name _____	Age _____	Male/Female
Tribal Affiliation _____	Membership # _____	
S.S. # _____		

MODOC Housing Authority
416 'H' Street. S.E.
Miami, OK. 74354

Phone: 918-542-8175
FAX #: 918-542-8191

Name _____ Age _____ Male/Female
Tribal Affiliation _____ Membership # _____
S.S. # _____

Name _____ Age _____ Male/Female
Tribal Affiliation _____ Membership # _____
S.S. # _____

Name _____ Age _____ Male/Female
Tribal Affiliation _____ Membership # _____
S.S. # _____

Name _____ Age _____ Male/Female
Tribal Affiliation _____ Membership # _____
S.S. # _____

Attach additional pages if necessary.

- **What is your current housing situation?**

Renting _____ Own Home _____
Other, explain _____

- **What is your current Landlord's Name?**

Name: _____
Phone: _____

- **Have you applied for housing assistance from HUD or any Indian Tribe?**

Yes _____ No _____
If yes, what type of assistance? _____

- **Have you ever received any type of housing assistance?
(rental, ownership, housing improvement ...)**

Yes _____ No _____
If yes, what type of assistance _____

- **Do you require a handicap accessible home?**

Yes _____ No _____

- **Do you have any special housing requests? (area of town, type of home, other)**

Yes _____ No _____

If yes, explain

- **Do you have any inside / outside pets? Yes _____ No _____**

If yes, is animal inside _____ or outside _____?

References:

Employment Reference #1

Name: _____

Address _____

Phone () _____ - _____

Employment Reference #2

Name: _____

Address _____

Phone () _____ - _____

Credit Reference #1

Name: _____

Address _____

Phone () _____ - _____

Credit Reference #2

Name: _____

Address _____

Phone () _____ - _____

CURRENT LANDLORD

Name: _____

Address _____

Phone() _____ - _____

Household Income

List every source of income from all persons in household.

- **Employment Income**

Employment income: \$ _____ Monthly Gross
Employee's name: _____
Employer: _____
How long at this job? _____

Employment income: \$ _____ Monthly Gross
Employee's name: _____
Employer: _____
How long at this job? _____

Employment income: \$ _____ Monthly Gross
Employee's name: _____
Employer: _____
How long at this job? _____

- **Other Income.** List income from all other sources, child support, S.S. , etc. :

Other Income: \$ _____ Monthly Gross
Income source _____
Person receiving income _____

Other Income: \$ _____ Monthly Gross
Income source _____
Person receiving income _____

Other Income: \$ _____ Monthly Gross
Income source _____
Person receiving income _____

Other Income: \$ _____ Monthly Gross
Income source _____
Person receiving income _____

MODOC HOUSING AUTHORITY
416 'H' Street, S. E.
Miami, OK. 74354
Telephone: 918-542-8175

AFFIDAVIT

CONFLICTS OF INTEREST: Are you or any household member related by blood to any Modoc Housing Authority Employee, Modoc Housing Authority Board of Commissioner, Modoc Tribal Council member, or Modoc Tribal Business Office employee? YES _____ NO _____

If YES, explain who and how related _____

DRUGS & ALCOHOL: Does any household member have a history of drug and alcohol crimes or any other criminal history? YES _____ NO _____

If YES, explain who and what circumstances _____

HOUSING: Has applicant or spouse ever participated in Mutual Help, Low Rent, Section 8, or any HUD housing programs before? YES _____ NO _____

If YES, explain _____

I (We), being of lawful age, do declare that all answers and information stated above to be true, current, and accurate.

DATED: ___ / ___ / _____

NAME (print) _____ SIGNED _____

NAME (print) _____ SIGNED _____