

10080 S. Bluejacket Road  
Wyandotte, OK 74370  
Office: (918) 666-5151  
Fax: (888) 971-3906



**For Use of Housing Staff Only**

Date Received: \_\_\_\_\_  
Application Points: \_\_\_\_\_

**Eastern Shawnee Tribe of Oklahoma  
APPLICATION FOR HOUSING**

ALL QUESTIONS IN THIS  
APPLICATION MUST BE  
ANSWERED. CHECKLIST MUST  
BE COMPLETED

THIS APPLICATION IS SUBJECT TO THE  
PRIVACY ACT OF 1974, P.L. 93-579

READ THE CERTIFICATION  
CAREFULLY BEFORE YOU SIGN AND  
DATE THIS APPLICATION. SIGN IN  
BLUE OR BLACK INK.

**Incomplete applications will NOT be considered.**

**APPLICATION INFORMATION**

NAME: \_\_\_\_\_  
Last First Middle

CURRENT ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME OF TRIBE: (IF ANY) \_\_\_\_\_ ROLL NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED  
\_\_\_\_\_ OTHER (Please explain) \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TRIBAL AFFILIATION (IF ANY) \_\_\_\_\_ ROLL NUMBER: \_\_\_\_\_

LIST ALL PERSONS WHO WILL RESIDE IN THE HOME ON A PERMANENT BASIS STARTING WITH YOURSELF  
IF MORE THAN 4 PERSON WILL RESIDE IN THE HOME PLEASE USE A SEPARATE SHEET OF PAPER

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY #</u>

Residents must show an ability to pay. Monthly rent is due on the 1st of every month, and becomes delinquent on the 15th (a \$25.00 late fee is attached to the renter's obligation). Thirty (30) days after the 15th, eviction process will begin if payment is not received.

PLEASE LIST **ALL** INCOME FOR THE 12-MONTH PERIOD FOR **EVERY MEMBER** OF THE HOUSEHOLD (INCLUDE FULL TIME, PART TIME, OR SEASONAL INCOME, EVEN IF COMPLETING THE APPLICATION DURING THE OFF-SEASON)

1. Wages, salaries (attach most recent tax return)	\$
2. Income earned from self-employment or job that pays in cash only	\$
3. Regular pay for member of the armed forces	\$
4. Public and/or Tribal Assistance	\$
5. Worker's compensation	\$
6. Unemployment benefits or severance pay	\$
7. Alimony/ Spousal Maintenance	\$
8. Social Security Income	\$
9. Disability benefits (including social security disability)	\$
10. Regular payments from pensions	\$
11. Regular payments from annuities or life insurance dividends	\$
12. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
13. Net income from rental property and/or other sources	\$
14. Regular cash and non-cash contributions (assistance with paying bills)	\$
15. Please complete the attached Sample Budget	
TOTAL INCOME: \$	

## **CURRENT HOUSING INFORMATION**

1. Do you agree to allow ESTO Property Management to obtain a credit report? \_\_\_\_\_

2. Do you agree to allow ESTO Property Management to obtain a background check? \_\_\_\_\_

3. Do you (Check one) Own \_\_\_\_\_ Rent \_\_\_\_\_ the house in which you are presently living?  
If renting, provide the Name, address, and telephone number of the owner(s).

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
TELEPHONE NUM. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

4. How long at present location? \_\_\_\_\_  
(If less than five years - attach list of addresses of residence to include the last five years)

5. Have you filed Bankruptcy within the last seven years? ☐ YES ☐ NO

	YES	NO
6. Does any adult member of the household have zero income? If yes, please list the name(s) and explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

7. Does/will the household receive rental assistance?	<input type="checkbox"/>	<input type="checkbox"/>
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8. Do you expect to continue to receive assistance? Indicate source of assistance.	<input type="checkbox"/>	<input type="checkbox"/>
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**I CERTIFY THAT ALL OF THE INFORMATION GIVEN ABOVE IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH, AND I/WE UNDERSTAND AND AGREE THAT ANY FALSE STATEMENTS GIVEN BY ME OR MY SPOUSE WILL BE JUSTIFICATION FOR DISAPPROVAL ACTION TO BE TAKEN ON THIS APPLICATION.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**Please return completed application and checklist to address below.**

**Incomplete applications will NOT be considered.**

**EASTERN SHAWNEE TRIBE OF OKLAHOMA**

**Attn: Property Management**

10080 S. Bluejacket Road

Wyandotte, OK 74370