

CDSA Housing Application

2615 E. Randolph ■ Enid, Oklahoma 73701 ■ (580)242-6131 ■ e-mail cdsahousing@sbcglobal.net

CDSA Use Only		
Enid Paints the Town		
Application Date _____		
Date Approved or Denied _____	Staff Initials _____	

Applicant Information

SS Number _____

Last Name _____ First Name _____

Address _____

City _____ Zip _____ Phone Work _____

Home _____ E-mail _____

Gender Male Female Date of Birth _____

Ethnicity (Choose one only)

Non-Hispanic/Non-Latino Hispanic or Latino Don't Know Refused

Race White Asian Black or African American American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander Not Applicable Don't Know

Education Level (Choose one only)

- | | | |
|---|--|---|
| <input type="checkbox"/> No Schooling Completed | <input type="checkbox"/> Nursery School to 4th Grade | <input type="checkbox"/> 5th Grade or 6th Grade |
| <input type="checkbox"/> 7th Grade or 8th Grade | <input type="checkbox"/> 9th Grade | <input type="checkbox"/> 10th Grade |
| <input type="checkbox"/> 11th Grade | <input type="checkbox"/> 12th Grade No Diploma | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> GED | <input type="checkbox"/> More than 12 years | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Refused | | |

Degree Associates Bachelors Masters PhD Other Graduate Degree

Insurance? Yes No

Veteran? Yes No

US Citizen Yes No

Occupation _____

Marital Status Co-Habiting Divorced Married Partnered/Other Separated

Single Widowed

Tribal Affiliation _____

Disability

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973; (2) who is under a disability as defined in Section 1614 (1) (3) (a) or 223 (d) (1) of the Social Security act or in Section 102 (7) of the Developmental Disabilities Services and Facilities Construction Act; or (3) who is receiving benefits under Chapter 11 or 15 of Title 38, US Code?

_____ Yes _____ No If yes, please describe

Housing Condition

What year was your home built? _____ How many bedrooms? (circle one) 1 2 3 4 5

Do you own your own home? Yes No Do you receive Section 8 Assistance? Yes No

If you rent — From whom? Name _____ Address _____ Phone _____

Do you pay for heating and cooling of your home? Yes No Do you receive LIHEAP assistance? Yes No

Has your home been previously weatherized? Yes No If yes, when?

What type of heating system do you have? Central Floor Other Electric Gas

Is the heating system currently working? Yes No

How many windows are there on your house? _____ How many storm windows do you have? _____

How many windows have cracked or broken panes? _____

How many outside doors in your home? _____ Do they need to be replaced or repaired? Yes No

Do they need weather strips? Yes No Do they need door sweeps or thresholds? Yes No

Is your ceiling insulated? Yes No Can your ceiling be insulated? Yes No If no, explain _____

Do you have an emergency need? Please explain other concerns.

Agreement

I, _____, certify that I am the occupant/owner of the property located at _____, in _____, County, Oklahoma. I hereby give my permission to CDSA to perform any and all work regarding rehabilitation of the property listed above.

I certify that all information furnished in support of this application, is true and complete to the best of my belief and knowledge. I also understand that CDSA, the Oklahoma Department of Commerce (ODOC), or Housing and Urban Development (HUD) shall have the right to prosecute cases in which said information has been deliberately withheld or misrepresented.

Further, I hereby grant permission to CDSA, ODOC, HUD, or its designee, to have access to my financial records in my possession or in the possession of any other entity prior to the starting date of the work to be done. I waive my right to privacy or confidentiality.

I release and hold harmless CDSA, ODOC, HUD, its agents, officers, and employees from all liability for any rehabilitation-related damages, whatever the cause, to any real and/or personal property, and/or to any person.

PENALTY FOR FALSE STATEMENT: U.S.C. Title 18, 1001, provides; "Whoever in any matter the jurisdiction of any department or agency of the US knowingly and willfully falsifies... or makes any false fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant _____ Date _____

Co-Applicant _____ Date _____

Immigration and Nationality Act Alien Status Certification

I certify that no member of this household is an alien whose status has been adjusted to lawful temporary or permanent resident under Section 245A ("amnesty aliens") or 201A (replenishment Agricultural Workers) of the Immigration and Nationality Act, as amended by the Immigration Reform and Control Act of 1986.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Check List for Application Return

- Completed Application
- Have you and your co-applicant signed and dated application
- Copy of Deed (homeowner) or Lease Agreement (renter)
- Income Verification for all Persons Living in Home
 - ◆ If you earn wages, provide the latest three months pay stubs.
 - ◆ If you earn wages, and this year's wages are about the same as last year, provide a copy of last year's income tax return.
 - ◆ If you receive an income from Social Security, retirement benefit, etc. and you direct deposit those checks into your bank account provide copies of your latest three months of bank statements.
 - ◆ If you receive income from TANF provide a letter from the Department of Human Services that states the monthly payment (or the printout they provide).
 - ◆ If you receive an income from any other source, provide three months copies of check stubs, a written statement from the source, etc.