



700 N. Berry Road, Norman, OK 73069

Phone 405-329-0933

Fax 405-329-2542

"Affordable Housing...with Vision"

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**Documentation required to submit Application for the Section 8 Housing Choice Voucher Program**

**Effective 03/23/2023 - Apply Monday thru Thursday from 8:00 a.m. to 5:00 p.m. (Closed 1:00 p.m. to 1:30 p.m. for Lunch) and Friday 8:00 a.m. to 11:30 a.m.**

**Application must be turned in by the Head of Household or Household Member 18 years or older in the office. Applications will not be accepted by fax or mail.**

**US Citizens by Birth:**

- Birth Certificate: Original or Copies of birth certificates issued by a U.S. State must be provided for all persons to be living in the residence regardless of age.
- Social Security Card: Valid social security cards must be provided for all persons to be living in the residence that is 6 years of age & above. (Applicant families will have a 90-day period to provide a valid social security card for any member 6 years of age or below) Letters requesting replacement cards are not acceptable.
- Picture Identification: Valid picture identification, state issued driver's license, state issued ID card, must be provided for all persons to be living in the residence 18 years of age or older.

**Naturalized US Citizens:**

- Naturalization Certificate: Original naturalization certificate.
- Social Security Card: Valid social security cards must be provided for all persons to be living in the residence that is 6 years of age & above. (Applicant families will have a 90-day period to provide a valid social security card for any member 6 years of age or below) Letters requesting replacement cards are not acceptable.
- Picture Identification: Valid picture identification, state issued driver's license, state issued ID card, must be provided for all persons to be living in the residence 18 years of age or older.

**Legal Immigrants:**

- Permanent Resident Card: Up to date Permanent Resident Card USCIS I-551.
- Original Passport/ Birth Certificate: Original passport OR Birth certificate used to obtain Permanent Resident Card.
- Picture Identification: Valid picture identification, state issued driver's license, state issued ID card, must be provided for all persons to be living in the residence 18 years of age or older.
- Social Security Card: Valid social security cards must be provided for all persons to be living in the residence that is 6 years of age & above. (Applicant families will have a 90-day period to provide a valid social security card for any member 6 years of age or below) Letters requesting replacement cards are not acceptable.



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**HOUSING**  
**AUTHORITY**

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## Preliminary Application for Section 8 Rental Assistance

What is your current mailing address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your current physical address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you Homeless?     YES     NO

Home Phone # \_\_\_\_\_ Message Phone # \_\_\_\_\_

- **Note: Applicants are required to inform NHA in writing of any mailing address or telephone number changes.**

How many people will be living in this household? \_\_\_\_\_

List each person who will be living in your household. List the Head of Household first.

- **Note: The NHA is an Equal Opportunity Housing Agency and cannot discriminate on the basis of race, creed, national origin, or sex. Information on race and ethnicity is used for statistical purposes only and will not affect your eligibility for assistance.**

<b>Name (last, first)</b>	
---------------------------	--

Marital Status     Married     Divorced     Single     Widowed     Separated

<b>Relationship</b>	HEAD	<b>Age</b>		<b>Date of Birth</b>		
<b>Soc Sec #</b>		<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Disabled?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander					
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		<b>Citizen of the United States?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Income Source</b>	DHS	Soc. Sec.	Job	Child Supp	Other	Total Monthly Inc.
<b>Monthly Amount</b>						



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- **Note: If you need to list additional members, please ask for an additional members' sheet.**



Have you or any other household member, had or used a different name, last name, or social security number? (i.e. **Maiden, Married, Divorced and/or Adoptive**)  YES  NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are any additions to the above list of household members expected?  YES  NO

If YES, what is the approximate date? \_\_\_\_\_

Would you require any reasonable accommodation(s) due to a disability?  YES  NO

If YES, what is the specific, reasonable accommodation you would require? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the Total Monthly Income for this household? \_\_\_\_\_

- **Note: This should equal the Total Monthly Income for each member added together.**

Does anyone outside of this household pay any of your bills or give you money?  YES  NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has any household member owned or sold any real estate within the last two years?  YES  NO

If YES, explain. \_\_\_\_\_  
\_\_\_\_\_

Have you, or any other household member, ever lived on assisted housing before? (**Example - Section 8, Public Housing or HUD**)  YES  NO

If YES, for all times and places you lived on assisted housing, please list dates and provide mailing addresses of the Housing Authority or Assisted Property. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you, or any other household member, ever committed fraud or been requested to repay money to any agency for knowingly misrepresenting information?  YES  NO

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you, or any household member, **EVER** engaged in **ANY** criminal activity? (**Examples – DUI, Violence, Theft, Drugs, Etc. Misdemeanor or Felony**)  YES  NO

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

- **NOTE:** Any household member who has engaged in criminal activity, or violated a family obligation with a HUD program is not eligible to receive Housing Assistance for a period of three (3) years. Any household member who has engaged in a drug related activity or non-compliance with any court ordered treatment requirements is not eligible to receive Housing Assistance for a period of one (1) year. If money is owed to a Housing Authority for an outstanding claim, the balance will need to be paid-in-full to be eligible to receive for Housing Assistance.
- **NOTE:** All household members, 18 years and older, are subject to criminal background investigations which include the sex offender database.
- “If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.”

**I hereby swear and attest that all of the information above is true and complete to the best of my knowledge. I understand that changes in my mailing address must be reported in writing immediately.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Warning!** Title 18, Section 1001 of the United States Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.



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## **AUTHORIZATION FOR RELEASE OF INFORMATION**

### **CONSENT:**

I authorized and direct any Federal, State, or Local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance. I understand and agree 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.

I also consent for HUD or this administration agency information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and violations of my lease or administration 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 / Marital Status / Employment / Income / Assets / Residences / Rental Activity / Childcare allowances / Credit / Criminal Activity**

I understand this authorization cannot be used to obtain any information about me that is not pertinent to me eligibility for and continued participation in a housing assistance program.

### **GROUP OR INDIVIDUALS THAT MAY BE ASKED**

The groups of 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), Past and Present Employers, Law Enforcement Agencies, Retirement Systems, Child Care Providers, Courts and Post Offices, Child Support and Alimony Providers, Utility Companies, School and Colleges, State Unemployment Agencies, Bank and other Financial Institutions, Welfare Agencies, Social Security Administration, Credit Providers and Credit Bureaus, Veteran Administration, Insurance Providers, Mental Health Workers, Physicians**

### **COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree HUD or this administration may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done. I understand I have a right to notification of any adverse information found and chance to disprove incorrect information. HUD or this administration 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 US Postal Services: 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. The original of this authorization is on file with this administration and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
**Signature** of Head of Household

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature** of Spouse/Other Adult

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature** of Other Adult

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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**SELF DECLARATION PREFERENCE:** If you or a household member are between the ages of 18 to 62 **AND** are disabled, please complete this page. If not, you are finished with the application.

**Initial on the line next to all that apply to you and your household for which you are applying.**

\_\_\_\_\_ I/we are currently living in an Institution or other segregated settings such as a nursing home for at least 90 days, or at risk of being institutionalized.

\_\_\_\_\_ I/we are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous/life-threatening conditions that relate to violence against me or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence. If yes, please ask to complete the VAWA forms.

\_\_\_\_\_ I/we lack a fixed, regular, and adequate nighttime residence. (such as car, park, abandoned building, temporary shelter, transitional housing, or motels paid by charity). **OR**, I/we will lose our primary nighttime residence. (such as being evicted within 14 days of application **AND** we do not have a new residence to move to.)

\_\_\_\_\_ I/we have moved due to economic reasons two or more times during the 60 days immediately preceding this application. **OR**, I/we are living in the home of another due to economic hardship. **OR**, I/we have been notified, in writing to vacate our current housing, or living situation, will be terminated within 21 days from the date of this application. **OR**, I/we live in a hotel/motel not being paid by charitable organizations or other government programs for low-income individuals. **OR**, I/we live in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau. **OR**, I/we are exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution. **AND**, I/we do not have sufficient resources or support, e.g., family, friends, or other social networks, available to prevent us from moving to an emergency shelter or another place.

\_\_\_\_\_ I/we do not meet the descriptions above but, I/we have a household member between the ages 18 and 61 years of age who is disabled.

Explain how you meet each situation that applies to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If, referred by an agency, give Agency name and phone number: \_\_\_\_\_

Note: You are certifying the information above is correct. Any false statements or representations may be prosecuted resulting in denial for assistance, fines, and/or imprisonment. If you do not understand a question, please ask NHA staff for assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

For Office Use Only: Application Date: \_\_\_\_\_

Date Housed: \_\_\_\_\_