

MISSION ENID APPLICATION

114 S Independence Enid, Oklahoma 73701 (580)242-6600 e-mail mike.biggers@cdsaok.org

Mission Enid Use Only

Date Received _____

Date Approved or Denied _____

Staff Initials _____

Approved Program Services

Applicant Information

YOU MUST OWN YOUR HOME AND HAVE A DEED IN YOUR NAME

RETURN to CDSA at the address listed above on or before 1 MAY 2014.

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)

No Schooling Completed Nursery School to 4th Grade 5th Grade or 6th Grade
 7th Grade or 8th Grade 9th Grade 10th Grade
 11th Grade 12th Grade No Diploma High School Diploma
 GED More than 12 years Don't Know
 Refused

Degree Associates Bachelors Masters PhD Other Graduate Degree

Insurance? Yes No

Veteran? Yes No

Disabled? Yes No

US Citizen Yes No

Occupation _____

Marital Status Co-Habiting Divorced Married Partnered/Other Separated
 Single Widowed

Tribal Affiliation _____

Principle Language English Spanish Other

Complete for ALL members of the household who have any income

Source of Income Monthly By Weekly Weekly

Employment Income \$ _____	Means of Verification _____
SSI Income \$ _____	Means of Verification _____
Social Security \$ _____	Means of Verification _____
Pension/Retirement \$ _____	Means of Verification _____
Workers Compensation \$ _____	Means of Verification _____
Unemployment Compensation \$ _____	Means of Verification _____
TANF \$ _____	Means of Verification _____
Food Stamps \$ _____	Means of Verification _____

If employed, give employer's name, address and telephone number for each member of the household:

Additional Household Members (list all family members and person living in the household)

Name	SS#	Date of Birth	Male/Female	Relationship
------	-----	---------------	-------------	--------------

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

NEEDED REPAIRS

EXTERIOR PAINT INTERIOR PAINT PORCH OR STEP REPAIR WHEELCHAIR RAMP REPAIR
WHEELCHAIR RAMP CONSTRUCTION MOBILE HOME SKIRTING MOBILE HOME ROOF COATING

Do you have an emergency need? Yes No If yes, please list below.

Please all repairs that need to be made to your home. If more space is needed, use an additional sheet of paper.

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, Mission-Enid 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, Mission-Enid, 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 _____

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 over 18 Living in Home
 - Copy of your current Electric Bill
- ◆ If you earn wages, provide the latest three months pay stubs.
 - ◆ If you are self-employed, 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.

APPLICATION DUE TO CDSA AT 114 S INDEPENDENCE, ENID, OK 73701 ON OR BEFORE 1 MAY 2014.

IF YOUR APPLICATION IS APPROVED WORK WILL BE DON 7-10 of JULY 2014.