



## HOUSING AUTHORITY OF THE CITY OF TULSA

Dear Applicant:

Thank you for applying for our Housing programs through the Tulsa Housing Authority. We look forward to having you as a client. The application packet is attached.

When filling out the forms, **PLEASE READ OVER EACH ITEM CAREFULLY** and **BE SURE TO FILL OUT AND SIGN ALL SHADED AREAS.**

The Personal Declaration/Application must be filled out completely and signed by the Head of Household.

If it doesn't apply to you, please write an N/A in that space so we know you haven't overlooked anything.

\*The Head of Household must sign and date each form where it is highlighted.

\*All adults who will be living in the household (18 years or older) must sign each form.

\*When you have signed and completed all forms, please return the packet to the receptionist.

Thank you for your cooperation and again welcome to the Tulsa Housing Authority's Housing program. If you have any questions, please feel free to ask the receptionist.



EQUAL HOUSING  
OPPORTUNITY



# ***NOTICE TO APPLICANTS***

Tulsa Housing Authority has “ZERO” Tolerance for violence and drug related activity by any family members or guests.

**All members of a household who are sex offenders (subject to a lifetime registration requirement under a State Sex Offender Registration Program) will be ineligible to obtain housing.**

**Our Dwelling Lease is based on the “ONE STRIKE – YOU’RE OUT” policy, to insure that our communities remain safe & free of drugs & violence.**

**A Criminal History report is completed for every applicant eighteen (18) years of age and older.**

**HOUSING AUTHORITY OF THE CITY OF TULSA**  
**415 E. INDEPENDENCE, P.O. BOX 6369 – TULSA, OKLAHOMA 74148-0369**  
**AREA CODE 918-582-0021 TDD – 918-587-4712**

**PUBLIC HOUSING / SECTION 8 PROGRAMS**

Resident Selection

Public Housing

Section 8

Leasing Agent \_\_\_\_\_

Property Complex # \_\_\_\_\_

**RELEASE OF INFORMATION FOR HOUSING CONSIDERATION**

**I hereby voluntarily authorize the Tulsa Police Department or any other Local, State or Federal Law Enforcement Agency to release to the Tulsa Housing Authority or its representatives, in connection with application for Housing, a copy of any convictions and/or arrests on my record and any record of those eighteen (18) years of age or older listed on my application for housing, within the last ten (10) years from the date of this release form.**

All persons will be equally treated without regard to Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin in compliance with the Fair Housing Act.

**I certify that no member of my household has ever been evicted from a federally assisted housing program due to drug related activity (including the manufacturing of methamphetamine).**

**I also certify that no member of my household is a sex offender. NOTE: Sex Offender definition – Anyone who is subject to a lifetime registration requirement under a State Sex Offender Registration Program.**

**Applicant's Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Female:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Home Telephone Number ( \_\_\_\_\_ )** \_\_\_\_\_

Date	Signature of Applicant
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**OTHER ADULT MEMBER:**

**Full Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Female:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Home Telephone Number ( \_\_\_\_\_ )** \_\_\_\_\_

Date	Signature - Other Adult Member
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OTHER ADULT MEMBER:

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Home Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

_____ Date	_____ Signature – Other Adult Member
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*PLEASE DO NOT WRITE BELOW THIS LINE*

( ) **No Arrest Record**

( ) **Arrest Record as Follows**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TULSA, OKLAHOMA 74148-0369  
AREA CODE 918-582-0021**

**RELEASE OF UTILITY ACCOUNT INFORMATION**

I hereby voluntarily authorize the Tulsa Housing Authority or its representatives to obtain information on past and current accounts from the local electric and gas utility companies.

*Please list all household members information below. (Please print)*

Head of Household	Social Security Number	Date of Birth
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Spouse	Social Security Number	Date of Birth
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Family Member	Social Security Number	Date of Birth
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Family Member	Social Security Number	Date of Birth
---------------	------------------------	---------------

Family Member	Social Security Number	Date of Birth
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Family Member	Social Security Number	Date of Birth
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Family Member	Social Security Number	Date of Birth
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Family Member	Social Security Number	Date of Birth
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*All Adult members of the household must sign below.*

Head of Household Signature	Date	Spouse Signature	Date
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Other Adult Signature	Date	Other Adult Signature	Date
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# TULSA HOUSING AUTHORITY APPLICATION

PLEASE CHECK  
PREFERENCE

PUBLIC HOUSING { }  
SECTION 8 { }  
BOTH { }

FOR OFFICE USE  
ONLY

SECTION 8 / P.H.  
BR SZ \_\_\_\_/\_\_\_\_  
PR CD \_\_\_\_/\_\_\_\_  
CARD SENT \_\_\_\_\_

DATE \_\_\_\_\_

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Phone Number (Home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List each person who will be living in the household. Begin with yourself.

LEGAL NAME			Date Of Birth	Sex	Social Security Number	**	Hispanic Yes / no	Relationship To You
Last	First	Mi				Race		
Ex. Doe	Jane	S	1/1/68	F	444-44-4444	1	Y	Self

\*\* 1-White, 2-Black, 3-American Indian, 4-Asian/Pacific Islander

Are you pregnant: Yes No (circle one) Expected due date? \_\_\_\_\_  
(This information will be used to determine eligibility of unit size only.)

List each person's source of income that will be living in the household. Begin with yourself.

NAME	SOURCE OF INCOME	MONTHLY GROSS INCOME	HOURLY PAY RATE
Example: Jane S. Doe	Tulsa Housing Authority	\$1,040 per month	\$6.00 per hour
1.			
2.			
3.			

**Example of Source of Income:** Temporary Aid to Needy Families (TANF) – Social Security Aide – SSI Employment, Child Support, Aid to Disabled – Other Income.

Do you or any family member claim handicapped or disabled status for eligibility purposes? YES \_\_\_ NO \_\_\_

Do you or a member of your family request housing with special accommodations? YES \_\_\_ NO \_\_\_

Please describe special accommodation needed: \_\_\_\_\_

Do you lack a fixed, adequate and regular nighttime residence, and your main nighttime residence is a temporary shelter, or any place not designed to serve as regular sleeping accommodations for people?

YES \_\_\_ NO \_\_\_

Applicants who qualify for an admission preference will be offered assistance before those applicants who do not qualify for an admission preference. Preference claims must be in effect and verified at the time assistance is offered.

**THE PREFERENCES FOR THE SECTION 8 VOUCHER PROGRAM ARE AS FOLLOWS:**

**A. Domestic Violence means:** The applicant family is residing in a public or private shelter as a result of domestic violence and has had actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who was living in the unit with the family.

Are you in a domestic violence situation? Yes \_\_\_ No \_\_\_

**B. Handicapped or Disabled means:** Applicant who have/has a family member who is/are 62 years of age or older and is handicapped or has a disability.

Is anyone in your household handicapped or disabled? Yes \_\_\_ No \_\_\_

**FEDERAL PRIVACY ACT NOTICE**

**Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine and applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.**

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency / Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the public housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency; The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

**THE PREFERENCES FOR PUBLIC HOUSING ARE AS FOLLOWS:**

- A. \_\_\_ The Head of Household and / or spouse is working and the working person(s) needs are not included in any TANF payments the family may be receiving; or
- B. \_\_\_ Applicant who have / has a family member who is / are 62 years of age or older or handicapped or has a disability.
- C. \_\_\_ The Head of Household and spouse (if applicable) are active participants in educational or training programs that are designed to prepare individuals for the job market (note: does not include GED); or
- D. \_\_\_ The applicant family is residing in a public or private shelter as a result of domestic violence and has had actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who was living in the unit with the family; or
- E. \_\_\_ The applicant family with dependent children is homeless and receiving / utilizing a private / public shelter; or
- F. \_\_\_ Any combination of the five situations above as determined by THA. Please specify combinations: \_\_\_\_\_
- G. \_\_\_ I do not claim an admission preference as above.

Your eligibility to receive housing assistance is dependent upon your submitting to THA verification of your citizenship / national status or eligible immigration status. Verification for each family member, regardless of age, will be required. Additional information regarding citizenship / national status will be supplied upon request.

***All contact by the Housing Authority is made by mail, so if your address changes, please notify our office promptly. Remember – it is your responsibility to update your application information when needed.***

X \_\_\_\_\_  
Social Security Number

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Before an offer of assistance is made to an applicant who has been selected from the waiting list on the basis of an admission preference, the Housing Authority must require the applicant to provide verification that he or she qualifies for each of the preferences outlined above at the time of selection.

**THE HOUSING AUTHORITY WILL VERIFY THE PREFERENCE YOU CLAIM AT THE TIME YOUR NAME IS SELECTED FROM THE WAITING LIST.**



After completing, mail the pre-application in a self-stamped envelope to the Tulsa Housing Authority, ATTN: Section 8 Program Pre-Application, P.O. Box 6369, Tulsa, OK 74148-0369 or you may drop off the application at our central office, 415 E. Independence, Tulsa, OK.

**NOTE: THE U.S. POSTAL SERVICE WILL NOT DELIVER UNLESS PROPER POSTAGE IS USED.**

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**



If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll free Hot Line at: 1-800-669-9777.

# HOUSING AUTHORITY OF THE CITY OF TULSA

Housing Program / Resident Selection Department

## NON-RENTAL INFORMATION

_____		
<b>Head of Household Name</b>	<b>Social Security Number</b>	
_____		
<b>Address</b>		
_____		
<b>City,</b>	<b>State,</b>	<b>Zip Code</b>

I, \_\_\_\_\_, certify that I have never had a lease in my name. I have always lived with \_\_\_\_\_  
\_\_\_\_\_(list who you have lived with: i.e., family, friends, etc.)

I understand and realize that willfully withholding information or making false or incomplete statements during this interview will be basis for denial of housing and that making a false statement is a violation of Section 1001, Title 18, U.S. Code and is punishable by a fine of not more than \$10,000 or imprisonment for not more than five years or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of THA Representative

\_\_\_\_\_  
Date

**HOUSING AUTHORITY OF THE CITY OF TULSA**  
**Housing Program / Resident Selection Department**

**RENTAL INFORMATION**

Applicant's Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Other Adult Member: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Dear Applicant:

If you, or any member in your household 18 years or older, has ever had a lease in your name, please list the following information for each adult member:

**PLEASE PRINT**

Address of Unit Rented: \_\_\_\_\_  
\_\_\_\_\_

Name of Apartment Complex (if applicable): \_\_\_\_\_

Rental Dates:        From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord's / Manager's Name: \_\_\_\_\_

Landlord's / Manager's Address: \_\_\_\_\_  
\_\_\_\_\_

Landlord's / Manager's Phone: (    ) \_\_\_\_\_

**HOUSING AUTHORITY OF THE CITY OF TULSA**  
Housing Program / Resident Selection Department

**REFERRAL INFORMATION**

**HOW DID YOU HEAR ABOUT TULSA HOUSING AUTHORITY?**

Please check the box that best describes how you heard about the  
**TULSA HOUSING AUTHORITY**

	Short-Form Application		Church
	Department of Human Svc		Relative
	Friend		Homeless Shelter
	D.V.I.S.		Tulsa Transit Authority
	Parkside		Youth Shelter
	Former Resident		Zarro House
	Tulsa Community College		Vintage Tulsan
	Tulsa World		Oklahoma Eagle
	“The Chronicle”		Other