

**CHEROKEE NATION
COMMUNITY SERVICES
SANITATION FACILITIES CONSTRUCTION**

If you live in a M/H (Mutual Help) home (built by the Cherokee Nation Housing Authority), that is not paid off, please contact the Housing Authority. Do not continue with this application.

If you need special help to complete your application or have any questions, please contact our office at: (918) 453-5111 or 1-800-256-3387.

THIS APPLICATION DOES NOT GUARANTEE YOU SERVICES.

The following are the documents required for services. Please send copies only, not the original documents.

1. A copy of the applicants tribal membership card - Pursuant to 25 U.S.C. § 479 a-1
2. **Proof of ownership - a Deed in the applicants name or a copy of the deed of the property owner, a copy of the tribal membership card of the property owner and a 25 year-lease that has been notarized and filed in the office of the County Court.**
3. **If the home is a mobile home - a copy of the title to the mobile home in the name of the applicant.**
4. Income verification – most current tax return for everyone in the household over 18 years of age.
5. **If you are disabled/handicapped, you must have a letter of disability, describing your disability and percentage of disability or special needs that you may have.**
6. A completed application. **Applications are not complete until applicant signs and dates in ink Applicant Certification and Applicant has turned in all required documents.**
An incomplete application will not be processed.
7. **Additional documentation may be required after reviewing your application.**

Please mail this application to:

Cherokee Nation
Engineering & Sanitation Facilities Construction
P.O. Box 948
115 W. North Street
Tahlequah, OK 74464
Or Fax to 1-918-458-7650

PLEASE READ AND SIGN BELOW:

A frequently asked question is “**When will I receive services?**” We can’t always have an answer to that question as applications are **prioritized by income level, disability, age and other factors.** (Funding is among those factors.) So, with this in mind we would urge those of you building a new home or purchasing a mobile home, who need water and/or sanitation facilities, and have not, started building or purchased the home yet, to consider all other funding options. This will ensure your family of having the services available when you want/need them rather than depending on the uncertainty of when we will be able to serve you. **If funding becomes available, our office will notify you when we will be at your residence to install your sanitation needs.** Thank you for your understanding in these matters and we are looking forward to your cooperation so that we can better serve you.

Applicants signature

Date

Number in Family:	TOP PORTION FOR OFFICE USE ONLY		POINTS:
			Over 62 yr.
WATER -	SEPTIC -	REPAIRS -	Handicapped:
Rural water:	New S/DF:	Well:	Has Perc test:
Rural water district #:	City:	Septic:	Site evaluation date:
City water:		Drainfield:	Latitude: N
New well:		Service line:	
		Other:	Longitude: W
MATERIALS ONLY:			

CHEROKEE NATION COMMUNITY SERVICES
SANITATION FACILITIES CONSTRUCTION APPLICATION

Name: _____ D.O.B. _____ Tribe: _____

Mailing address: _____ Physical address: _____

City: _____ Zip: _____ County: _____ Community: _____

Roll number: _____ Telephone: Home # _____ Work # _____

Cell phone # _____ Message phone # _____ E-mail address # _____

Do you live within the jurisdictional boundaries of the Cherokee Nation? Yes ___ No ___

STATUS OF LAND:

___ OWN/BUYING ___ LEASE

___ OTHER - Explain: _____

Section: _____ Township: _____ Range: _____ Lot: _____ Block: _____ Subdivision: _____

Town/City: _____ IF LOT PLEASE PROVIDE COPY OF PLAT OF SUBDIVISION

SIZE OF LOT or ACRES (square feet or **number acres**) _____

Is this your primary residence? _____ Do you own any other dwelling or land? _____

GIVE CLEAR DIRECTIONS TO THE HOME OR SITE STARTING FROM THE NEAREST TOWN:

HAVE YOU RECEIVED PREVIOUS SERVICE?

___ Cherokee Nation Community Services – What service and date: _____

___ Housing Authority of the Cherokee Nation – What service and date: _____

Have you applied for services through the Community Services Home Renovation Program? _____

HOME INFORMATION:

_____ **MOBILE HOME** - attach copy of title: - title must be in applicant's name. Mobile home must be on property, fully skirted, with wheels and tongue removed

_____ **NEW HOME** - built within the past year or if under construction 90% of home must be complete before services are provided -
give physical address of site and approximate starting date: _____

_____ **HIP RENOVATED HOME (BIA Home Improvement Program)**

_____ **EXISTING /LIKE NEW HOME** (Age of home: _____ Home will need to be inspected and verified to be occupiable for a minimum of 20 years)

_____ **If M/H home (Indian home) date paid off:** _____

_____ **OTHER, Explain:** _____

ARE YOU RECEIVING FUNDING THROUGH THE (MAP) MORTGAGE ASSISTANCE PROGRAM? _____

DESCRIPTION OF HOME (color, brick, metal, etc...) _____

HOW MANY BEDROOMS? _____ **HOW MANY BATHROOMS?** _____

DOES THE HOME HAVE INDOOR PLUMBING? _____

DOES THE HOME HAVE ELECTRICITY? _____

WHAT UTILITY COMPANY? _____

IS 220V ELECTRICITY AVAILABLE? _____

WHAT TYPE OF HEATING DOES THE HOME HAVE? _____

WHAT TYPE OF INSULATION DOES THE HOME HAVE? _____

WHAT TYPE OF WATER SUPPLY DOES THE HOME NOW HAVE? _____

DESCRIBE ANY PROBLEMS WITH WATER SUPPLY: _____

WHAT TYPE OF SEWAGE DISPOSAL DOES THE HOME NOW HAVE? _____

SERVICES NEEDED: PLEASE CIRCLE SERVICES REQUESTED

New information

NEW WELL OR COMMUNITY WATER OR NEW COMMUNITY WATER LINE

SEPTIC TANK/DRAINFIELD OR COMMUNITY SEWER

If requesting services for Community/Rural Water and/or Sewer name of provider or project number: _____

Distance and direction to Community/Rural Waterline and/or Sewer: _____

Repair information

PUMP OUT SEPTIC TANK - REPAIR SEPTIC TANK - REPAIR DRAINFIELD - REPAIR WELL

If well repair: Depth of well: _____ Size of Pump: _____ Kind of pipe: White/Black

Please explain the problem: _____

NAME of Household Members	Relationship	Date of Birth	TRIBAL MEMBERSHIP CARD	
			Yes/No	
	Head			
	Spouse			

HOMEOWNER RESPONSIBILITIES:

The homeowner consents to obtain and provide copies of all easements necessary for construction, operation, and maintenance of required facilities to Cherokee Nation Engineering and Sanitation Facilities Construction office prior to construction.

Prior to construction, if it is determined that a survey is necessary to carrying out the construction of the project, the homeowner, at his own expense, will obtain a survey of said property.

The homeowner grants permission for the Cherokee Nation Engineering and Sanitation Facilities Construction office and its representatives to enter upon or across lands of the homeowner for the purpose of carrying out the project.

The homeowner will assume responsibility for minor site clean-up after the system installation is complete and equipment has been removed from the site.

The homeowner will assume responsibility for the maintenance and repair of the installed facilities, after the one-year warranty has expired, so as to keep them in effective operating condition.

APPLICANT CERTIFICATION

Anyone who knowingly makes false or fraudulent statements in this application is subject to the penalties provided by law.

(U.S. code title 18, Section 1001) Privacy Act Statement.

Individuals furnishing information on this application form are subject to Section 3 (e) (3) of the Privacy Act of 1975 (PUBLIC LAW 93-579)

SELF-HELP CONTRIBUTIONS AUTHORIZATION ACT

Pursuit to the Self-Help Act commonly known as Cherokee Nation Legislative Act No. 39-04 and coded as Title 25, § 21 of the Cherokee Nation Code Annotated (CNCA), all applicants or participants will be required to contribute in the form of labor, funding, assets or other items of value.

This Act establishes self-help contributions as a standing policy for all services of the Cherokee Nation. This could be, but not limited to the following types of contributions: site preparation, easements and site clean-up.

I have read the above and I certify that I understand this certification. That all of the answers given in this application are true, complete, and correct to the best of my knowledge and belief, and made in good faith.

APPLICANT SIGNATURE
 (Please sign ink only)

DATE

APPLICANTS NAME: _____

THIS FORM ONLY NEEDS TO BE FILLED OUT BY ANYONE THAT IS OVER 18
AND DID NOT HAVE A TAX RETURN

EMPLOYMENT VERIFICATION FORM

Complete the top half of the employment form by listing your employer's information. You will need to print your name.
Do not have this form filled out by your employer. It must be mailed from this office.

Employer's Name

Print Employee's Name

Employer's Address

City/State/Zip

Employer's Phone Number

I hereby authorize my employer to furnish all of the information requested on this inquiry.

Signature of Participant/Applicant

Date

DO NOT WRITE BELOW THIS LINE TO BE FILLED OUT BY EMPLOYER

Anticipated Gross Earning for the 12 month period: \$ _____

Average # of Hours per Week: _____

Current Base Pay Rate (Gross)\$ _____

Per _____ hour
_____ week
_____ month
_____ bi-monthly
_____ other (Explain) _____

Seasonal _____
Part-time _____
Regular _____

Give lay-off periods if employment is seasonal or sporadic: _____

Date Hired: _____

Title of Position: _____

Verified by: _____

Title: _____

Date: _____

Telephone: _____

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. to any matter in its jurisdiction.

Please fax to 918-458-7650 attention Ella or mail to:

**Cherokee Nation Community Services
Engineering & Sanitation Facilities Construction
115 W. North Street
Tahlequah, OK 74464**

APPLICANTS NAME: _____

**COMMUNITY SERVICES
NO INCOME OR ODD JOB VERIFICATION**

THIS FORM MUST BE NOTARIZED

THIS FORM ONLY NEEDS TO BE FILLED OUT IF YOU HAVE NO INCOME

This statement is to certify that I am not receiving income from any source:

I am not employed through any public or private employer.

I am not receiving any type of unemployment compensation benefits.

I am not receiving AFDC, Welfare, Social Security, Veterans benefits or any other type of benefits.

I am not receiving a pension, retirement or any annuity benefits.

I am not receiving any income from odd jobs, such as babysitting, cutting wood, selling aluminum cans, etc.

I am not receiving child support or any monetary benefits.

I understand that I must report any changes in income.

Signature

Date

IF YOU DO ODD JOBS COMPLETE THIS SECTION:

I do odd jobs and receive \$ _____ monthly from these jobs.

Signature

Date

THIS PART MUST BE FILLED OUT BY A NOTARY:

Subscribed and sworn before me, a Notary Public, on this _____ day of _____, 20____.

My Commission expires on: _____

Commission Number: _____

Signature of Notary

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Revised 021010