



Program Description

The MORTGAGE ASSISTANCE PROGRAM provides qualified Native Americans with down payment and closing cost assistance to purchase or construct a home. Please contact MAP before making any home purchase arrangements. Eligibility criteria is listed below:

- Household income must not exceed 80% of the National Median Income as established by HUD
- Head of household or spouse must be a member of a federally recognized tribe; preference is given to Cherokee Nation citizens
- Head of household and spouse must be first-time homebuyers. A first time homebuyer is an individual who has never had any ownership interest in a home. Exceptions will be made for victims of documented domestic violence and individuals who have only owned a mobile residence.
- Must purchase a home within Cherokee Nation jurisdictional boundaries
- Mortgage loans must meet Cherokee Nation’s non-predatory criteria
- A soft second mortgage will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Home must pass a Cherokee Nation environmental review and structural inspection
- Home must be situated on no more than 5 acres
- Applicant must attend Cherokee Nation Homebuyers Education classes provided at no cost to the applicant

The following documents must be submitted:

- | | |
|--|--|
| <input type="checkbox"/> MAP Application | <input type="checkbox"/> Employment Form for all employed household members |
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Copy of Social Security cards for applicant and co-applicant |
| <input type="checkbox"/> Child Support Affidavit | <input type="checkbox"/> Copy of Driver’s License for all household members 18 & over |
| <input type="checkbox"/> Divorce Decree with custodial responsibility | <input type="checkbox"/> Copy of Tribal Citizenship card for applicant and co-applicant |
| <input type="checkbox"/> Asset Information | <input type="checkbox"/> Copy of Credit Reports (instructions for obtaining the report are included with this application) |
| <input type="checkbox"/> Declaration of Section 214 Status for all household members | |
| <input type="checkbox"/> Income Declaration for all household members over 18 | |

NAHASDA Median Income Guidelines effective July 2, 2019

Family Size	1	2	3	4	5	6	7	8
80%	\$42,280	\$48,320	\$54,360	\$60,400	\$65,232	\$70,064	\$74,896	\$79,728

*Monetary assistance is contingent upon available funding

Application Processing and Office Locations

Mail Application to:

**Cherokee Nation
MAP
P.O. Box 828
Tahlequah, OK 74465**

For Information Please Call:
918-453-5536

Office Locations:

Cherokee Nation
Tsa La Gi Annex
17675 S. Muskogee Avenue
Tahlequah, OK 74464
(918) 453-5536

Housing Authority of Cherokee Nation
23205 S. Hwy 66
Claremore, OK 74018
(918) 342-6803

Housing Authority of Cherokee Nation
2260 W. Cherokee
Sallisaw, OK 74955
(918) 774-0770 ext. 1 or 2

Housing Authority of Cherokee Nation
109 13th St.
Jay, OK 74346
(918) 453-5536



ᏍᏏᏉᏍᏗ
Commerce

STAMP

Mortgage Assistance Program

APPLICANT INFORMATION			
Full Legal Name		Date	Community
Mailing Address		For Office Use Only: RECEIVED BY: FORWARD TO:	
City and State	Zip Code		
Main Contact Number/Home/Cell Phone:	Work Phone:	E-mail for all contact purposes:	
Closest Relative Not Living in Your Household:		Home / Cell Phone	Work Phone
Address		City / State	Zip Code

HOUSEHOLD COMPOSITION						
FULL NAME(S) – All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1						
2						
3						
4						
5						
6						
7						
8						

Are there family members temporarily absent? YES NO If yes, whom: _____ Relation: _____

Where are they residing? _____ When are they expected to return? _____

TOTAL HOUSEHOLD INCOME							
HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Do you currently own your home? YES NO

If NO, do you: Rent Live with Family/Friend **Rent Payment:** _____

PREVIOUS PARTICIPATION

Have you or any member of the household ever received assistance from one or more of the following programs:

- 1. Rehab to Home YES NO
- 2. Mutual Help (Indian Home) YES NO
- 3. Water and Sanitation YES NO
- 4. HIP YES NO
- 4. Self-Help Housing (SIP) YES NO
- 5. Mortgage Assistance (MAP) YES NO
- 6. Rural Rental Home YES NO
- 7. Other: _____

If you have participated in any of the programs, please provide the city and county you received services: _____

Do you or your spouse have any relative(s) presently working for, or holding office in the Cherokee Nation, or one of its entities?
 YES NO If YES, please provide name(s) or relative(s), relation, entity, and program: _____

APPLICANT CERTIFICATION

Please read before signing this application. In order to receive services, you must meet all eligibility requirements and program funding must be available.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any department of agency of the US regarding any matter within its jurisdiction.

I/We certify that the information given on this application is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. Incomplete applications will be returned.

I/We certify that any changes in household income or household composition prior to the home purchase will be reported to the Mortgage Assistance Program staff in accordance with NAHASDA regulations Part 24 of the Code of Federal Regulations Subsection 1000.147 (a)2 and (a)4 which state a household's income must meet eligibility standards at the time of purchase or construction contract is entered. Changes in household income or composition may be reported by contacting the Mortgage Assistance Program at 918-453-5536. Monetary assistance is contingent upon available funding.

I hereby authorize the Cherokee Nation to obtain and review my credit report. My signature below also authorizes the release of account information to and from other financial institutions I have supplied to Cherokee Nation in connection with such evaluation. I understand the processing of this application will require providing my information to the Cherokee Nation. I understand eligibility for Mortgage Assistance is contingent on all occupants meeting program criteria.

I hereby authorize the Cherokee Nation to request any information needed from my Lender/Broker. I hereby authorize my Lender/Broker to provide any and all information requested by the Cherokee Nation, including but not limited to a copy of my credit report, copies of income verifications, employment verifications, credit references (including landlord reference), copies of W-2 forms, tax returns, appraisals, and any other documentation used in processing my mortgage loan.

The information obtained from the Lender/Broker is only to be used in the determination of eligibility for Cherokee Nation programs.

CONSENT: I consent to Cherokee Nation requesting and obtaining income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD/Cherokee Nation's assisted housing programs. I understand income information under this consent form cannot be used to deny, reduce, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signature of Head of Household Date

Signature of Spouse Date

Other Family Member over the age 18 Date

Other Family Member over the age 18 Date

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW.



OᎠᎠᎠ ᎠᎠᎠᎠ Commerce

Income Assistance Affidavit

This form must be completed and signed by all household members 18 year of age or older even if no benefits are received.

- I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native American tribe.
- I certify that my household receives income assistance as indicated below:

INCOME ASSISTANCE		
TYPE OF BENEFIT	AMOUNT	LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
SSA	\$	
SSI	\$	
VA – VETERANS	\$	
TANF	\$	
CHILD SUPPORT	\$	
AID TO DISABLED	\$	
AID TO ELDERLY	\$	
GENERAL ASSISTANCE	\$	
TRIBAL WORK EXPERIENCE	\$	
UNEMPLOYMENT BENEFIT	\$	
OTHER:	\$	
EXPLAIN OTHER TYPE OF BENEFIT:		
DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST AMOUNT: \$

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

HOUSEHOLD SIGNATURE ATTESTATION		
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY		
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:		
V.A. CLAIM NUMBER(S):		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



OꝰAꝰꝰ Dꝰꝰꝰꝰꝰ Commerce

Asset Information

If you do not have any accounts, assets, own or have any interest in real property, please check the Not Applicable box and sign below: **Not Applicable**

DESCRIPTION OF ASSETS		
CHECK	TYPE	BALANCE \$
	CHECKING	
	CHECKING	
	SAVINGS	
	SAVINGS	
	CERTIFICATE OF DEPOSIT (CD)	
	IRAs	
	MUTUAL FUNDS	
	STOCKS / BONDS	
	MONEY MARKETS	
	ANNUITIES	
	OTHER TYPE:	
REAL PROPERTY (LAND, HOUSE, ETC.)		DO YOU OWN OR CO-OWN (TRUST, JOINT) ANY REAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHERE IS THE PROPERTY LOCATED?		STATUS: (Taxable, Trust, Restricted)
REAL PROPERTY DISPOSED	HAVE YOU OWNED OR DISPOSED OF ANY REAL PROPERTY IN THE PAST BY SALE, GIFT, OR TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HOW WAS THE PROPERTY DISPOSED OF? PLEASE CHECK ONE OF THE BOXES BELOW.		
<input type="checkbox"/> SALE <input type="checkbox"/> ASSIGNMENT/TRANSFER/GIFT <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> OTHER		
<div style="display: flex; justify-content: space-between;"> _____ Signature, Head of Household _____ Date _____ Spouse Signature _____ Date </div>		

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



ᏍᏏᏏ ᏍᏏᏏ
Commerce

Employment Form

Not Applicable

Self-Employed (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Cherokee Nation MAP will contact your employer for employment verification.

IDENTIFICATION INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
_____	_____
SIGNATURE OF APPLICANT	DATE

This section to be completed by Employer

EMPLOYER INFORMATION	
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :	\$
YEAR TO DATE TOTAL INCOME:	\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:	AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>	
NOTES:	
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:	
TITLE / POSITION:	DATE OF HIRE:

SIGNATURE OF AUTHORIZED PERSONNEL	

DATE	
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER
FAX NUMBER	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



ᏍᏏᏏ ᏅᏍᏏᏏ Commerce

Employment Form

Not Applicable

Self-Employed (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Cherokee Nation MAP will contact your employer for employment verification.

IDENTIFICATION INFORMATION

NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
_____	_____
SIGNATURE OF APPLICANT	DATE

This section to be completed by Employer

EMPLOYER INFORMATION

PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :		\$
YEAR TO DATE TOTAL INCOME:		\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:		<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:		AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
NOTES:		
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:		
TITLE / POSITION:	DATE OF HIRE:	

SIGNATURE OF AUTHORIZED PERSONNEL		

DATE		
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER	FAX NUMBER

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



ᏍᏏᏏ ᏃᏗᏍᏏ
Commerce

Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- I certify I am not presently employed but I have accepted a position with _____ which will begin on _____. I will be earning \$_____ per _____ (weekly, monthly, etc.).
- I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

Print Name

Signature

Social Security Number

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



ᏍᏏᏉᏍᏔᏅᏍᏔ Commerce

Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- I certify I am not presently employed but I have accepted a position with _____ which will begin on _____. I will be earning \$_____ per _____ (weekly, monthly, etc.).
- I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

Print Name

Signature

Social Security Number

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



Commerce

Child Support Affidavit

This document must be signed, even if it's not applicable.

Please mark the applicable boxes:

Not Applicable, I certify I am not divorced or separated with children.

I do hereby swear I am the sole custodial parent of the following children and know of no court custodial matters regarding said child/children, as listed below.

I certify that my household is or is not presently receiving any child support as listed in the table below.

CHILD IDENTIFICATION and SUPPORT

NAME OF CHILD	DATE OF BIRTH	AGE	NAME OF NON-CUSTODIAL PARENT	Do you receive Child Support? YES / NO

I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:	(Name)
I HAVE <input type="checkbox"/> , HAVE NOT <input type="checkbox"/> , FILED FOR A DIVORCE OR LEGAL SEPARATION FROM:	(Name)
I AM DIVORCED FROM (Please submit Divorce Decree):	(Name)
TOTAL AMOUNT OF CHILD SUPPORT OR ALIMONY RECEIVED MONTHLY:	\$

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

APPLICANT SIGNATURE

YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY

SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



Declaration of Section 214 Status

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible for the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Cherokee Nation. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A box must be completed for each member of the household. A parent or guardian must sign for family members under 18 years of age. Do not sign the child's name; sign your name as parent or guardian and print your child's name.

I certify under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because (please check below):

DECLARATION	
PLEASE CHECK THE APPROPRIATE BOX	COMPLETE FOR EACH HOUSEHOLD MEMBER
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <input type="checkbox"/> I have eligible immigration status as checked: <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or <input type="checkbox"/> Amnesty under 245A of the INA/8. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any Department or Agency of the U.S. regarding any matter within its jurisdiction.



ᏍᏏᏏᏏ ᏃᏗᏍᏏᏏᏏ Commerce

How do I get a copy of my credit reports?

Answer: You are entitled to a free credit report every 12 months from each of the three major consumer reporting companies (Equifax, Experian and TransUnion). You can request a copy from AnnualCreditReport.com.

You will need to provide a copy of your credit report from each of the three credit bureaus with this application. It is not necessary to purchase or provide your credit score. You only need to submit the free report with your MAP application.

You can request and review your free report one of the following ways:

- **Online:** Visit AnnualCreditReport.com
- **Phone:** Call 1-877-322-8228
- **Mail:** Your credit report will be mailed to you within 15 days if it is requested by mail. Complete the attached Credit Report Request Form and a copy of one item in EACH of the categories below in order to assist with identity verification. The item you submit from the "identity" category must contain your Social Security number and the item you submit from the "Address" category must contain your current home mailing address.

Identity

- Social Security card
- Pay stub with Social Security number
- W2 Form

Address

- Driver's License
- Rental or lease agreement/house deed
- Pay stub with address
- Utility bill (gas, electric, water, cable, residential telephone bills)

Mail the completed form and the documents described above to:

Annual Credit Report
Request Service
P.O. Box 105281
Atlanta, GA 30348-5281

If you need assistance obtaining your free credit report, please contact our office at 918-453-5536 to schedule an appointment.

Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies, Equifax, Experian and TransUnion.

For instant access to your free credit report, visit www.annualcreditreport.com.

For more information on obtaining your free credit report, visit www.annualcreditreport.com or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. **Omission of any information may delay your request.**

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:

Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Social Security Number:

								-											
--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

Month

Day

Year

----- Fold Here -----

----- Fold Here -----

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

M.I.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

JR, SR, III, etc.

Current Mailing Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

House Number

Street Name

--	--	--	--	--	--	--	--	--	--	--	--

Apartment Number / Private Mailbox

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For Puerto Rico Only: Print Urbanization Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

State

ZipCode

Previous Mailing Address (complete only if at current mailing address for less than two years):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

House Number

Street Name

----- Fold Here -----

----- Fold Here -----

--	--	--	--	--	--	--	--	--	--	--	--

Apartment Number / Private Mailbox

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For Puerto Rico Only: Print Urbanization Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

State

ZipCode

Shade Circle Like This →

Not Like This →

I want a credit report from (shade each that you would like to receive):

- Equifax
- Experian
- TransUnion

Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.



If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

Your request will be processed within 15 days of receipt and then mailed to you.

31238



Annual Credit Report Request Form

You have the right to get a free copy of your credit file disclosure, commonly called a credit report, once every 12 months, from each of the nationwide consumer credit reporting companies, Equifax, Experian and TransUnion.

For instant access to your free credit report, visit www.annualcreditreport.com.

For more information on obtaining your free credit report, visit www.annualcreditreport.com or call 877-322-8228.

Use this form if you prefer to write to request your credit report from any, or all, of the nationwide consumer credit reporting companies. The following information is required to process your request. **Omission of any information may delay your request.**

Once complete, fold (do not staple or tape), place into a #10 envelope, affix required postage and mail to:

Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281.

Please use a Black or Blue Pen and write your responses in PRINTED CAPITAL LETTERS without touching the sides of the boxes like the examples listed below:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

0 1 2 3 4 5 6 7 8 9

Social Security Number:

- -

Date of Birth:

/ /

Month

Day

Year

Fold Here

Fold Here

First Name

M.I.

Last Name

JR, SR, III, etc.

Current Mailing Address:

House Number

Street Name

Apartment Number / Private Mailbox

For Puerto Rico Only: Print Urbanization Name

City

State

ZipCode

Previous Mailing Address (complete only if at current mailing address for less than two years):

House Number

Street Name

Fold Here

Fold Here

Apartment Number / Private Mailbox

For Puerto Rico Only: Print Urbanization Name

City

State

ZipCode

Shade Circle Like This →

Not Like This →

I want a credit report from (shade each that you would like to receive):

- Equifax
- Experian
- TransUnion

Shade here if, for security reasons, you want your credit report to include no more than the last four digits of your Social Security Number.



If additional information is needed to process your request, the consumer credit reporting company will contact you by mail.

Your request will be processed within 15 days of receipt and then mailed to you.





Cherokee Nation Commerce Services COVID-19 Impact Form

I, _____, certify that I have been impacted by **COVID-19** and I am requesting assistance from **Commerce Services** to respond to this impact:

- Mortgage Assistance Program (MAP)**
- iSave Program (IDA)**
- Small Business Assistance Center (SBAC)**
- Employee Loan Program**
- Commercial Loan Program**
- Consumer Loan Program**
- Cherokee National Holiday**
- Self-Sufficiency Counseling**
- Housing Counseling**
- Cherokee Arts Center or Spider Gallery**

Signature

Date