



OʻAʼAʼA DʼUʼOʻʼA Commerce

iSave Program

The iSave Program is designed to help working Native Americans save money to achieve their financial goals. For every \$1 you save, Cherokee Nation will match it with \$3.

We will assist you in opening an iSave Account with a designated bank. iSave participants must save at least \$100 total and save for a minimum of 6 months in order to access matching funds. Cherokee Nation will match up to \$1,000 of your iSave deposits.

iSave matching funds may be used for the rehabilitation or improvement of your primary residence located within Cherokee Nation's 14 county jurisdiction.

Applicant Qualifications:

1. Must be at least 18 years of age
2. Must be a member of a federally recognized tribe, Cherokee Nation citizenship preference
3. Household income must not exceed 80% of the National Median Income as established by HUD
4. Must own the primary residence and it must be located within Cherokee Nation's 14 county jurisdiction

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

ANSWERS TO COMMONLY ASKED QUESTIONS

How does the program work?

- We assist you in opening an iSave account with a designated bank after your application is approved.
- iSave accounts must be opened with a \$30 deposit.
- Cherokee Nation iSave will match up to \$1,000 of your deposits with \$3 for every \$1 saved.
- You can access match funds 6 months after your savings account is open as long as you have saved at least \$100.
- You have 2 years from enrollment in the program to save the maximum match amount of \$1,000.
- The iSave program is a maximum 3 year program. Match funds unused after 3 years are forfeited.
- You must meet the Education Requirements before receiving Cherokee Nation match funds.
- You must submit a copy of your warranty deed for proof of home ownership with your application.

What if I have bad credit?

Results of credit reports will not be used to determine eligibility.

Can I take money out any time?

Yes. You always have complete control over your savings. Cherokee Nation does not put money into your savings account and does not withdraw money from your savings account.

How will my iSave account be managed?

Your account will be held at a Cherokee Nation designated banking facility. You may make deposits at any bank branch and you will receive regular savings statements from the bank. You are the owner of the savings account, not Cherokee Nation.

Can I save more than \$1,000 in the account?

Participants are encouraged to save as much as possible, however Cherokee Nation will only match deposits up to \$1,000.

Under what conditions would I be removed from the iSave Program?

Participants may be removed for the following reasons:

- Providing false or fraudulent information on the iSave Application
- Failure to attend all courses specified for completion of program
- Failure to respond to mail, email and or phone communication

APPLICATION CHECKLIST

Please ensure the following are complete and turned in with your application:

- Signed iSave Program Application
- Signed iSave Program Letter of Agreement
- Signed iSave Release of Information Agreement
- Employment Form for all household members
- Signed Income Assistance Affidavit
- Signed Income Declaration for each household member over 18
- Signed Asset Information
- Signed Child Support Affidavit
- Signed Declaration of 214 Status
- Copy of applicant's government issued photo ID, social security card, and proof of tribal citizenship
- Copy of Deed
- Copy of applicant's free credit report from annualcreditreport.com

Return completed application to:

Cherokee Nation
Attn: iSave Program
PO Box 948
Tahlequah, OK 74465

For more information contact: (918)453-5536 or commerce@cherokee.org



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RECEIVED DATE:

iSave Program Application

APPLICANT INFORMATION

Legal Name: LAST FIRST MIDDLE MAIDEN				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Mailing Address (Street Address, City, State, Zip) :				
Physical Address (Street Address, City, State, Zip) :				
Email address (if applicable):				
Home area code & phone # ()	Cellular area code & phone # or other contact # ()	Social Security Number:		
Name of closest relative not living in your household:	Relative phone number:	Relationship to participant:		

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 not send any money with this application. You will receive a letter with instructions on how to open your account if you are approved for the program, along with Education Requirements. You are responsible for informing the iSave Coordinator of any changes, specifically contact information. Once you have completed the program requirements, you will contact the iSave Coordinator for withdrawal procedures.

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 eligibility confirmation will be reported to the iSave Program staff by contacting the iSave Program at 918-453-5536. Monetary assistance is contingent upon available funding.

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 this program. I understand eligibility for iSave matching funds is contingent on all occupants meeting program criteria.

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 iSave Program. 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.



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iSave Program Letter of Agreement

Between, Cherokee Nation iSave Program and the following Participant: _____.

The Participant agrees to:

- Open an iSave account with a designated bank.
- Complete all sessions of the financial education requirements.
- Participate in evaluation activities, which may include completing surveys, participating in focus groups and one-on-one interviews.
- Notify iSave Coordinator of any changes in contact information.
- Allow Cherokee Nation to obtain savings account information regarding the iSave account at the designated bank.

The Participant understands:

- The iSave and match funds must be used within twelve (12) months after completion of the savings period (2 years). Failure to utilize the match funds within this time period may result in forfeiture of match dollars (you always maintain control of deposits made to your iSave savings account).
- Current contact information must be maintained and the participant is responsible for ensuring mailing address, email address (if applicable), and contact numbers are accurate and updated.
- Homeownership must be maintained for a period of five years; failure to do so will result in the participant reimbursing Cherokee Nation for match funds expended.
- A soft second mortgage will be executed and filed at the time of the first match funds disbursement.
- If the participant withdraws from the iSave program or fails to successfully meet savings and training requirements, no match funds will be awarded.
- If the participant fails to meet any of the conditions outlined in this letter of agreement, or provides false or misleading information, the participant may be removed from the program. All match funds will be forfeited and the Cherokee Nation's iSave Program will notify the designated bank where the participant's savings account will be moved to a regular savings account. All money deposited by the participant remains the participant's property.

The Cherokee Nation iSave Program will provide:

- Match funds for up to \$1,000 of an individual's iSave deposits.
- Financial Education Classes.

I understand and agree to the terms and conditions of participating in the iSave Program.

Participant Signature

Date

Cherokee Nation Representative Signature

Date



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iSave Release of Information Agreement

As a participant in Cherokee Nation's iSave Program and an owner of an iSave Savings Account, I authorize the bank to release information on my iSave Savings Account to Cherokee Nation for the purposes of monitoring my eligibility to remain in the program. If for any reason I am no longer participating in the Cherokee Nation iSave Program, I understand that this account will be transferred to a regular savings account that may incur monthly maintenance fees.

APPLICANT INFORMATION				
Legal Name: <i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>MAIDEN</i>	<i>SUFFIX</i>
Social Security Number	Date of Birth	Community		
Current Address (Street Address, City, State, Zip) :				
If Less than 6 months, Previous Address (Street Address, City, State, Zip) :				

Signature of Account Owner

Date

Cherokee Nation Representative Signature

Date



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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 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

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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 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

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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 iSave 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 ATTESTION		
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):		

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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 iSave 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

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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 iSave 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

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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 3 YEARS 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		
Signature, Head of Household	Date	Spouse Signature
		Date

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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

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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:

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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 with this application. It is not necessary to purchase or provide your credit score. You only need to submit the free report with your iSave 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:

Grid for Social Security Number

Date of Birth:

Grid for Date of Birth

Month Day Year

Fold Here

Fold Here

Grid for First Name

First Name

M.I.

Grid for Last Name

Last Name

JR, SR, III, etc.

Current Mailing Address:

Grid for House Number and Street Name

House Number

Street Name

Grid for Apartment Number / Private Mailbox

Apartment Number / Private Mailbox

Grid for Puerto Rico Urbanization Name

For Puerto Rico Only: Print Urbanization Name

Grid for City, State, and Zip Code

City

State

ZipCode

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

Grid for Previous Mailing Address

House Number

Street Name

Fold Here

Fold Here

Grid for Previous Mailing Address

Apartment Number / Private Mailbox

Grid for Previous Mailing Address

For Puerto Rico Only: Print Urbanization Name

Grid for Previous Mailing Address

City

State

ZipCode

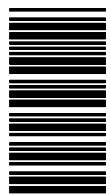
Shade Circle Like This -> [Shaded Circle]

Not Like This -> [Unshaded Circle] [Checked Circle]

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