

# Oak Apartments Of Okarche

Mailing Address:  
PO Box 119  
Okarche, OK 73762

Phone/Fax: 405-212-4798  
Email: sm.oao@saimgmt.net  
Telephone Device for the Deaf: 711

Physical Address:  
625 N. 81 Highway  
Okarche, OK 73762

---

Dear Applicant,

Thank you for your interest in Oak Apartments Of Okarche. We look forward to receiving your completed application! In order that we may be able to process your application in the most efficient manner, we **require** your application to have these items to be considered completed and to establish priority on the waiting list:

- **Driver's license or a photo ID for all household members over 18 years of age.**
- **Social Security Cards for all household members over 6 months of age.**

In order to determine your eligibility, we must have copies of all these documents as required by the federal program which mandates eligibility for this property.

It is also important to note that the application **must** be filled out in its entirety. It can contain no blank spaces where information or answers are requested. If something does not apply to your household, then indicate this by inserting N/A. If the application is not completed in full, we cannot process it as submitted.

If you have need additional assistance, please contact our site office to make arrangements for an appointment to allow us to assist you with the application process by answering any questions you may have.

Thank you for giving us the opportunity to assist you with your housing needs! It is our pleasure to have that opportunity!



This institution is an equal opportunity provider and employer.

Pre-File Form **100**—Lease Application

OAO 1

# Oak Apartments Of Okarche

Mailing Address:  
PO Box 119  
Okarche, OK 73762

Phone/Fax: 405-212-4798  
Email: sm.oao@saimgmt.net  
Telephone Device for the Deaf: 711

Physical Address:  
625 N. 81 Highway  
Okarche, OK 73762

Applicant's Current Phone Numbers	
Home:	
Work:	
Cell:	
Other:	
Size of Apt. <u>Requested</u> (Check all that apply): <input type="checkbox"/> 1 BR, <input type="checkbox"/> 2 BR, <input type="checkbox"/> 3 BR, <input type="checkbox"/> 4 BR	
For Management Use ONLY	
Received (Date & Time):	
This household <u>qualifies</u> for: <input type="checkbox"/> 1 BR, <input type="checkbox"/> 2 BR, <input type="checkbox"/> 3 BR, <input type="checkbox"/> 4 BR	
Approved (Date):	Rejected (Date):
Unit Number Assigned:	BR Size:

## APPLICATION FOR LEASE

Please print or type. Answer all questions—including writing “No” or “N/A” where appropriate.

### PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses, which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

#### List ALL members of the household who will reside in the apartment:

(Need Marital status for all adult household members — (M)-Married, (D)-Divorced, (W)-Widowed, (LS)-Legally Separated. (NS)-Not Legally Separated (S)Single. Never been married)

Full Name	Social Security Number	Date of Birth (mm/dd/yy)	Sex (Check One)	Relationship to Head	Marital Status	Disabled (Check One)	Student Status (Check One)
			<input type="checkbox"/> M <input type="checkbox"/> F	HEAD		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> NA
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> NA
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> NA
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> NA
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> NA
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> PT <input type="checkbox"/> FT <input type="checkbox"/> NA



This institution is an equal opportunity provider and employer.

**PART I — FAMILY COMPOSTION - Form Required (SAI Use Only) - Form 277 (all adult TC HHMs)**

Self or Spouse's Maiden Name or other Alias (if applicable):			
1. Do you expect any changes in the household composition in the next 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
2. Do you or any other adult members of the household anticipate a change to the current information below within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
3. Are any adult household members currently enrolled, anticipate enrolling (during the next 12 months), or was previously enrolled (during this calendar year) as a student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who:			
Name of school:		<input type="checkbox"/> Form- 275	
4. Current Marital Status:			
<input type="checkbox"/> Single			
<input type="checkbox"/> Married			
<input type="checkbox"/> Divorced (Divorce Decree(s) required)		<input type="checkbox"/> Divorce Decrees	
<input type="checkbox"/> Separated		<input type="checkbox"/> Form- 269	
<input type="checkbox"/> Widowed		<input type="checkbox"/> 3rd Party	
5. Is this a single-parent household? (To qualify as a single-parent household, you must have at least 50 percent custody of at least one child.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have full custody of your child(ren)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain custody arrangements:		<input type="checkbox"/> Form-225 <input type="checkbox"/> Form- 280 <input type="checkbox"/> Form- 295	
7. Do you wish to have priority for a home with special design features for individuals with a disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you wish to claim a \$400.00 "Elderly Status" deduction from your income based on the tenant or co-tenant either (1) being 62 years of age or older or (2) being 18 years of age or older and being handicapped or disabled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evicted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
10. Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
11. Will your household be receiving Section 8 at time of move-in?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Will this be your only place of residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:			
13. What is your current address:			
14. What is your previous address:			
15. What is your current phone number:			



This institution is an equal opportunity provider and employer.

**PART II – HOUSEHOLD INCOME – to be completed by applicant Form Required (SAI Use Only)**

For questions (16) through (34), indicate the amount of anticipated income for all household members named in the table on page 1 for the 12-month period beginning this date. For minors, include unearned income amounts only. If you are uncertain which types of income must be included or may be excluded, please ask the property manager for assistance. Please be sure to answer all questions.

1. Gross Wages or salaries (include overtime, tips, bonuses, commissions and payments received in cash; for Self-Employment, see Question #26)	\$	<input type="checkbox"/> Form-210
2. Child support (Current or back) (include support you are entitled to but may not be receiving)	\$	<input type="checkbox"/> Form-280 <input type="checkbox"/> Form-295
3. Alimony (include alimony you are entitled to but may not be receiving)	\$	<input type="checkbox"/> Form-280
4. Social Security (SS)	\$	<input type="checkbox"/> Form-215 <input type="checkbox"/> full Award Letter
5. Supplemental Security Income (SSI)	\$	<input type="checkbox"/> Form-215 <input type="checkbox"/> full Award Letter
6. Public Assistance - ADC, TANF, FIP, and/or (AFDC)	\$	<input type="checkbox"/> Form-225
7. Veterans Administration Benefits	\$	<input type="checkbox"/> Form-230
8. Pensions, IRA, 401(k), Keogh Account, Annuities	\$	<input type="checkbox"/> Form-235
9. Unemployment Compensation	\$	<input type="checkbox"/> Form-222 <input type="checkbox"/> full Award Letter
10. Periodic Payments from Disability, Death Benefits, Long-Term Care Insurance	\$	<input type="checkbox"/> 3rd party verification
11. Workers' Compensation	\$	<input type="checkbox"/> Form-237
12. Net Income from a Business (Self Employment, including rental property, land contracts, farm or other forms of real estate)	\$	<input type="checkbox"/> Form-212 and <input type="checkbox"/> year 1040 w/ attachments
13. Regular Contributions or Gifts from Person not residing in unit	\$	<input type="checkbox"/> Form-270
14. Payments made on behalf of Applicant by Person not residing in unit (i.e. outside source paying for insurance, utilities, etc.)	\$	<input type="checkbox"/> Form-270
15. All regular pay paid to members of the Armed Forces (Military Pay)	\$	<input type="checkbox"/> Form -217
16. Education Grants, Scholarships or Other Student Benefits (whether received in cash or paid directly to institution; including other sources i.e. parents)	\$	<input type="checkbox"/> Form-275
17. Long Term Medical Care Insurance Pmts. in excess of \$180.00 per day	\$	<input type="checkbox"/> 3rd party ver
18. Other Income (list)	\$	<input type="checkbox"/> 3rd party ver
19. Tribal Distributions	\$	<input type="checkbox"/> 3rd party ver <input type="checkbox"/> Form-299
How often received?		
Affiliated with what tribe?		



This institution is an equal opportunity provider and employer.

**PART III - ASSET INCOME - To be completed by applicant**  
**Form Required (SAI Use Only)**

**CURRENT ASSETS** - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs that would be incurred in selling or converting the asset to cash.

Form-150 (TC only)

Form-160 (all HHS)

**Do you or Anyone in Your Household Have:**

Asset(s)	Yes	No	Approximate Cash Value	Institution's Name, Address & Account Number	SAI Only		
1. Savings Account					<input type="checkbox"/> Form-240		
2. Checking Account					<input type="checkbox"/> Form-240		
3. Pre-paid Debit Card Balance					<input type="checkbox"/> 3rd party verification		
4. Money Market Account					<input type="checkbox"/> Form-240		
5. Certificates of Deposit					<input type="checkbox"/> Form-240		
6. Trust Accounts					<input type="checkbox"/> Form-240		
7. Stocks or Securities					<input type="checkbox"/> Form-240		
8. Treasury Bills					<input type="checkbox"/> Form 240		
9. Retirement Fund/IRA Annuities/401K					<input type="checkbox"/> Form-240		
10. Mutual Funds					<input type="checkbox"/> Form-240		
11. Savings Bonds					<input type="checkbox"/> Form-240		
12. Cash on Hand					<input type="checkbox"/> Form-160		
13. Whole or Universal Life Insurance Policies					<input type="checkbox"/> Form-289		
14. Other Assets					<input type="checkbox"/> Form-240		
15. Personal Property held as an Investment (i.e. paintings, coin collections, show cars, antiques, etc.)					<input type="checkbox"/> Form-287		
16. Equity in real estate, rental property, land contracts/contract for deeds, other real estate holdings, or other capital investments (including personal residence, mobile homes, vacant land, farms, vacations homes, or commercial property)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Form- 287	
If yes, Cash Value:	\$	Type of Property:		Location:			
Appraised Market Value:	\$	Mortgage Balance Due:	\$	Amount of Annual Insurance Premium:	\$	Amount of most recent Tax Bill:	\$
17. Have you sold or disposed of any asset in the last two years for less than the fair market value of the asset? (i.e. given money away, set up irrevocable Trust Accounts, given away property, sold property to a relative for less than its market value)				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 3rd Party Verification	
If yes, type of asset:							
Market Value when sold/disposed:							
Amount Value when sold/disposed:							
Date of Transaction:							



This institution is an equal opportunity provider and employer.

**PART IV - EMPLOYMENT HISTORY - To be completed by applicant**  
**Form Required (SAI Use Only)**

Head's Current Employer:	
Date Hired:	Date Terminated:
Supervisor:	
Salary: \$	Check One: <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Employer Address:	Employer Phone:
Head's Previous Employer:	
Date Hired:	Date Terminated:
Supervisor:	
Salary: \$	Check One: <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Employer Address:	Employer Phone:
Co-Tenant's Current Employer:	
Date Hired:	Date Terminated:
Supervisor:	
Salary: \$	Check One: <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Employer Address:	Employer Phone:
Co-Tenant's Previous Employer:	
Date Hired:	Date Terminated:
Supervisor:	
Salary: \$	Check One: <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Employer Address:	Employer Phone:

**PART V - RESIDENT'S STATEMENT - To be completed by applicant**  
**Form Required (SAI Use Only)**

Do you have a legal right to be in the United States: (check one that applies)	<input type="checkbox"/> Copy Social Security Card <input type="checkbox"/> Copy Driver License/ID
<input type="checkbox"/> Yes, because I am a United States Citizen	
<input type="checkbox"/> Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services (formerly the Immigration and Naturalization Service)	
<input type="checkbox"/> No	
Note: if you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-citizen with eligible immigration status.	



This institution is an equal opportunity provider and employer.

**PART VI — IN CASE OF EMERGENCY, NOTIFY: To be completed by applicant**

Name/Relationship	Address	Phone

**PART VII — RENTAL HISTORY - To be completed by applicant Form Required (SAI Use Only)**

Residence History: Current & Previous Landlords: Past 2 years residence including any owned by applicants			(Form- 101 (min 2 refs) (Other ref (min 2 refs)
Current Address:	Monthly Rent	Monthly Utilities:	Reason for Leaving:
Landlord Name:	Landlord Address:		Landlord Phone:
Move-in Date:		Move-out Date:	
Prior Address:	Monthly Rent:	Monthly Utilities:	Reason for Leaving:
Landlord Name:	Landlord Address:		Landlord Phone:
Move-in Date:		Move-out Date:	
Prior Address:	Monthly Rent:	Monthly Utilities:	Reason for Leaving:
Landlord Name:	Landlord Address:		Landlord Phone:
Move-in Date: Move-in Date:		Move-out Date:	

**PART VIII — MISC INFORMATION - To be completed by applicant  
Form Required (SAI Use Only)**

If you have a vehicle, please list the following information for each vehicle:

Make	Model	License #		
Make	Model	License #		
Is any Household Member on Active Military Duty or the dependent of an individual on Active Military Duty?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Please give details:				
List all States in which ANY household member has resided in:				
Have you or any adult household member 18 years or older subject to a state and/or lifetime sex offender registration program in any state?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes where?				
How did you hear about the complex? <input type="checkbox"/> Drive By <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Resident Family <input type="checkbox"/> Brochure/Flyer <input type="checkbox"/> Online listing service (Zillow, Trulia, HotPads, GoSection8.com, Apartments.com—circle one) <input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Other (please explain)				



**PART IX — RESIDENT'S STATEMENT - To be completed by applicant**

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we certify that the unit applied for will be my/our permanent residence and that I/we will not maintain a separate subsidized rental unit in a different location. I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law and may lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION WHO ARE 18 YEARS OR OLDER:

\_\_\_\_\_  
Applicant Signature (Head)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (Co-Head)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Person Completing the Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
and Reason for Assisting

**PART X - APPLICATION UPDATE - To be completed by applicant only AFTER application is approved by Site Manager**

I/we certify and affirm the following:

Changes to my/our circumstance have been noted above and initialed by all parties to this application. No changes have occurred in my/our circumstances between times of initial application and the date below.

\_\_\_\_\_  
Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident

\_\_\_\_\_  
Date



This institution is an equal opportunity provider and employer.



## Voluntary Information

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used to evaluate your application or discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit	Relationship	Racial Please see below *1	Ethnicity Please see below *2	Disabled Y=yes N=no
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial\*1

1-American Indian/Alaskan Native

2-Asian

3-Black/African American

4-Native Hawaiian/Pacific Islander

5-White

Ethnicity\*2

A-Hispanic or Latino

B-Not Hispanic or Latino

Thank you for taking the time to fill out this questionnaire!



This institution is an equal opportunity provider and employer.

# Oak Apartments Of Okarche

Mailing Address:  
PO Box 119  
Okarche, OK 73762

Phone/Fax: 405-212-4798  
Email: sm.oao@saimgmt.net  
Telephone Device for the Deaf: 711

Physical Address:  
625 N. 81 Highway  
Okarche, OK 73762

---

## TENANT RELEASE AND CONSENT

I/We, \_\_\_\_\_ the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to \_\_\_\_\_, for purposes of verifying information on my/our home rental application. This information may be released by mail, fax, email, other electronic communication, phone, or other means.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for a continued participation as a Qualified Tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	State Unemployment Agencies	Medical and Child Care Providers
Welfare Agencies	Retirement Systems	Institutions
Veterans Administration	Social Security Administration	Local Law Enforcement Agency
Previous Landlords (including Public Housing Agencies)	Banks and other Financial Support and Alimony Providers	Local Police Department

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have the right to review this file and correct any information that is incorrect.

### SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.



This institution is an equal opportunity provider and employer.

Pre-File Form 110—Tenant Release & Consent

OA0 10