



**Tri-County Indian Nations Community Development Corporation
Self-Help Housing Program**



Date: _____

PRELIMINARY APPLICATION

\$10 single/ \$15 dual application fee (no personal checks)

APPLICANT _____
(First, Middle, Last)

CO-APPLICANT _____
(First, Middle, Last)

AGE _____ Date of Birth _____ AGE _____ Date of Birth _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NO. (HOME) ____/____/____ (WORK) ____/____/____ Best Time to Call _____

Are you or anyone in your household Disabled? _____ Are you a US Citizen? _____ Race _____

Do you have a CDIB card? _____ Marital Status _____ Rent Amount _____

How did you find out about the Self-Help Program? _____

The above information is for data gathering purposes only and is strictly voluntary. It will not be considered in determining your eligibility.

NO. IN FAMILY: _____ CHILDREN'S AGES: _____ Do you have Child Care Expenses _____

INCOME SOURCE AND AMOUNT: (Include Food Stamps or Child Support, if applicable) _____

TOTAL GROSS ANNUAL INCOME: _____ DO YOU OWN PROPERTY? _____

ASSETS: _____

CAN YOU FURNISH CREDIT REFERENCES UPON REQUEST? _____

**I/WE HEREBY AUTHORIZE TRI-COUNTY INDIAN NATIONS COMMUNITY DEVELOPMENT CORPORATION
TO PROCESS A PRELIMINARY CREDIT CHECK.**

SOC. SEC. # _____ SOC. SEC. # _____

Applicant Signature _____ Co-Applicant Signature _____

DEBT INFORMATION (this does not include rent, utilities or insurance)

Payable to	Monthly payment amount	Approximate balance owed

Applications may be submitted to:

**Tri-CountyOK
P.O. Box 1524
Ada, OK 74821**

Or by

FAX:(580) 310-9826 or e-mail to info@tri-countyok.org

**Applications may also be delivered in person to 1306 E Arlington, Ada, OK
For questions please call (580) 310-9300**