

**NO FAXES  
ACCEPTED**



**MUSCOGEE (CREEK) NATION DEPARTMENT OF HOUSING  
P. O. Box 297, Okmulgee, OK 74447, (918) 549-2529**

**MORTGAGE ASSISTANCE PRE-APPLICATION**

(Please note: Any information received will not be released to anyone, in accordance with the Privacy Act of 1974, P L 93-579.)

Name of Applicant: (Mr Mrs Ms circle one) \_\_\_\_\_

Joint Applicant (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
Address City State Zip

Home Phone: ( ) \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_ Contact/Message: \_\_\_\_\_

E-Mail address: (If applicable) \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Present Employer and address \_\_\_\_\_

\_\_\_\_\_ Years there \_\_\_\_\_ Telephone \_\_\_\_\_

Position or title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

**Applicant**

Tribe \_\_\_\_\_

Enrollment Number \_\_\_\_\_

Blood Quantum \_\_\_\_\_

**Joint Applicant (if applicable)**

Tribe \_\_\_\_\_

Enrollment Number \_\_\_\_\_

Blood Quantum \_\_\_\_\_

Total number living in the household \_\_\_\_\_ *\*required*

List income for **all** persons (18 years and older) **including yourself**, living in the household on a permanent basis.

<u>NAME</u>	<u>SSN#</u> <i>*required</i>	<u>D.O.B.</u>	<u>RELATIONSHIP</u>	<u>GROSS MONTHLY INCOME</u> <i>*required</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SIGNATURES**

**I have answered all questions to the best of my ability and knowledge. I hereby authorize the MCN Dept. of Housing to order a consumer credit report and communicate with any individuals and/or companies that will be necessary in processing my application for Mortgage Assistance. The information within this application is true and correct and I realize that falsification is automatic reason for this application to become null and void and the applicant shall be considered ineligible for the program. Punishable by Section 1001 of Title 18 of the U.S. Code which makes it a criminal offense to make willful, false statements for misrepresentations of any material fact involving the use of obtaining of federal funds.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant/Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

*If married spouse signature required*

**Contact Information: Email: [housing@muscogeenation.com](mailto:housing@muscogeenation.com)**