



# CHEROKEE NATION

Community Services

Sanitation Facilities Construction

115 N Street • Tahlequah, OK 74464

## PLEASE READ BEFORE APPLYING FOR SERVICES

This application and supporting documentation will allow our office to determine the eligibility and type of services able to be provided. Each application will be evaluated based on established criteria and documentation provided. Each application is considered a priority and will be evaluated and sorted in order of receipt. Incomplete applications will be put on "HOLD" and cannot be considered for services until all issues are resolved.

If you live in an M/H (Mutual Help) home (built by the Cherokee Nation Housing Authority) that is NOT paid off, please contact the Housing Authority at 800-837-2869. **Do not continue with this application.**

## THIS APPLICATION DOES NOT GUARANTEE YOU SERVICES

The following are documents and requirements needed for services. Please send copies only, NOT the original documents. Do NOT send sensitive information like Social Security cards and redact sensitive information from required documentation for this application.

- Proof of Indian Ancestry
  - o Tribal Identification Card - Pursuant to 25 U.S.C. § 479 a-1.
- Proof of Land Ownership or Entitlement
  - o A notarized Deed (filed at the court house) in the applicants name, or
  - o A notarized 5-year Lease (filed at the court house) - Copy of the Deed of the property owner along with a copy of the tribal membership card of the property owner, or
  - o Right of Entry - If restricted land, this will be obtained by the SFC office
  - o If residence lies within a subdivision it is REQUIRED that you submit a subdivision plat.
  - o If the home is a mobile home - a copy of the Title to the mobile home in the name of the applicant. A Purchase Agreement can start the process, but a Title is REQUIRED.
  - o If the mobile home is assessed with the property than we need a current copy of your property taxes showing this, Proof of ownership of the home is REQUIRED.
- Income Verification
  - o Latest tax return for everyone in the household over 18 years of age.
  - o If you receive Disability or Social Security we will accept either End-of-the-Year statement, Award Letter, or Bank Statement.
  - o If you have no income, complete the "No Income" form found in this application.
- Mobile Homes
  - o A mobile home must be permanently placed on site, blocked, leveled, tied down, and skirted.
- Options
  1. SFC will provide complete services start to finish, may take longer than options 2 Or 3. or
  2. Materials only, SFC provides all materials needed, also pays rural water memberships. Applicant obtains a DEQ approved licensed installer and pays for labor. See attached statement. or
  3. Stipend only, SFC pays a stipend of \$2999.00 to the applicants TERO certified DEQ licensed installer. Applicant will be responsible for the remaining cost. See attached statement.

Applications are not complete until signed and dated. In addition, if an item in this application does not apply to you, please fill with "N/A" (Not Applicable) or "None". -- **DO NOT** leave any item blank - **application will be considered incomplete until all documents needed are received in our office.**

Homes which receive services will be covered by a 12-month warranty, from the date of installation, on the materials and workmanship for the installed services. After such time, all repairs are the responsibility of the home-owner. During installation, gross clean-up of excavation while equipment is on-site will be performed. All minor clean-up of the site is the homeowner's responsibility.

If you need special help to complete your application or have any questions, please contact our office at:  
**(918) 453-5111 or 1-800-256-3387**

Number in Family:	<b>Top Portion for Office Use Only</b>		Home #:	Received Date:
Water:			Points:	
Rural Water:	Septic:	Repairs:	Over 65 years:	
RWD #:	New ST/DF:	Well:	Handicapped:	
City Water:	City:	Septic:	Has Perc Test:	
New Well:		Drain Field:	Site Eval Date:	
Materials only:		Service Line:	Lat:	
		Other:	Long:	

**CHEROKEE NATION COMMUNITY SERVICES**  
SANITATION FACILITIES CONSTRUCTION APPLICATION

**GENERAL INFORMATION**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tribe: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Roll number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you live within the jurisdictional boundaries of the Cherokee Nation? Yes \_\_\_ No \_\_\_ \*

\*If no, please contact our office to assist you in locating the nearest IHS or Tribal office that can assist you.

**LOCATION OF SITE TO BE SERVED**

Physical address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

ACRES (number acres): \_\_\_\_\_ County: \_\_\_\_\_ Community: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of people in Home: \_\_\_\_\_

Brief description of home, (color, brick, siding, etc...) \_\_\_\_\_

GIVE CLEAR DIRECTIONS TO THE HOME OR SITE STARTING FROM THE NEAREST TOWN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this your primary residence? Yes \_\_\_ No \_\_\_ Do you own any other dwelling or land? Yes \_\_\_ No \_\_\_

**STATUS OF LAND OWNERSHIP** (check only one)

\_\_\_\_\_ OWN (attach copy of recorded deed)

\_\_\_\_\_ BUYING (attach copy of recorded warranty deed / contract for deed – both parties must be Tribal)

\_\_\_\_\_ LEASE (attach copy of recorded and notarized lease agreement)

\_\_\_\_\_ HEIRSHIP (attach statement of status)

\_\_\_\_\_ OTHER - Explain: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ N S Range: \_\_\_\_\_ E W

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ City/Town: \_\_\_\_\_

IF LOT PLEASE PROVIDE COPY OF PLAT OF SUBDIVISION

**HAVE YOU RECEIVED PREVIOUS SERVICE**

\_\_\_\_\_ Cherokee Nation Community Services – What service and date: \_\_\_\_\_

\_\_\_\_\_ Housing Authority of the Cherokee Nation – What service and date: \_\_\_\_\_

**HOME INFORMATION** (check only one)

\_\_\_\_\_ MOBILE HOME (attach copy of title - title must be in applicant's name or assessed with the property)

Date mobile home moved or scheduled to be moved on site: \_\_\_\_\_

\_\_\_\_\_ NEW HOME - Construction Start Date: \_\_\_\_\_ (Turn in application, call when construction begins)

\_\_\_\_\_ EXISTING / LIKE NEW HOME - Age of home: \_\_\_\_\_

\_\_\_\_\_ OTHER - Explain: \_\_\_\_\_

\_\_\_\_\_ MAP (Mortgage Assistance Program) please mark if you are receiving MAP.

**EXISTING FACILITIES INFORMATION**

**Water**

Does site have running water:  Yes  No - If No,  Cistern/Spring  Haul  New Construction

If site has running water, is it:  Well  Rural or City - Name of System: \_\_\_\_\_

Is the water source adequate:  Yes  No - Explain: \_\_\_\_\_

Is Rural / City water available within 1,300-ft of site?  Yes  No

Check all that apply:  Water leaks  Low yield well  Out dated  Other: \_\_\_\_\_

**Sewer**

Does site have a sewage facility:  Yes  No - If No,  New mobile home to site  New Construction

If site has sewage facility, is it:  Individual  City - Name of System: \_\_\_\_\_

Is the sewer facility adequate:  Yes  No - Explain: \_\_\_\_\_

Is City sewage available within 300-ft of site?  Yes  No

Does the site have a perc / soil test:  Yes  No  Don't know

Check all that apply:  Failing  Damaged  Out dated  Surfacing  Other: \_\_\_\_\_

**SERVICES NEEDED** (Please check all boxes that apply)

**New Services:**

**Water**

Well  Rural or City  None  Other: \_\_\_\_\_

**Sewer**

Septic Tank/ Drain field  Aerobic  City Sewer  None  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**Repair Services:**

**Water**

Well  Rural or City water  Cistern  None  Other: \_\_\_\_\_

**Sewer**

Septic Tank/ Drain field  Aerobic  Septic pumped  None  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Household Member(s)	Relationship	Date of Birth	TRIBAL MEMBERSHIP CARD Yes/No
	Head		

**HOMEOWNER RESPONSIBILITIES:**

- The homeowner consents to obtain and provide copies of all easements necessary for construction, operation, and maintenance of required facilities to Cherokee Nation Engineering and Sanitation Facilities Construction office prior to construction.
- Prior to construction, if it is determined that a survey is necessary to carrying out the construction of the project, the homeowner, at his own expense, will obtain a survey of said property.
- The homeowner grants permission for the Cherokee Nation Engineering and Sanitation Facilities Construction office and its representatives to enter upon or across lands of the homeowner for the purpose of carrying out the project.
- The homeowner will assume responsibility for minor site clean-up after the system installation is complete and equipment has been removed from the site.
- The homeowner will assume responsibility for the maintenance and repair of the installed facilities, after the one-year warranty has expired, so as to keep them in effective operating condition.
- Application Status will only be discussed with the applicant only, unless written authorization is on file.

**APPLICANT CERTIFICATION**

Anyone who knowingly makes false or fraudulent statements in this application is subject to the penalties provided by law. (U.S. code title 18, Section 1001) Privacy Act Statement: Individuals furnishing information on this application form are subject to Section 3 (e) (3) of the Privacy Act of 1975 (PUBLIC LAW 93-579).

**I have read the above and I certify that I understand this certification. That all of the answers given in this application are true, complete, and correct to the best of my knowledge and belief, and made in good faith.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**  
(Please sign ink only)

\_\_\_\_\_  
**DATE**

Please Return to:  
Cherokee Nation – Sanitation Facilities Construction  
115 W North Street

**CHEROKEE NATION OFFICE OF ENVIRONMENTAL HEALTH**  
**Certification Documentation Form**

SR#
Home#

Work Order No.
System No
Date Rec'd

**GENERAL INFORMATION**

Name and Mailing Address of Property Owner:

Owner's E-Mail Address (Optional) \_\_\_\_\_  
*First Name Last Name Street Address City Zip Code*

Property Address: \_\_\_\_\_, Oklahoma  
*Street Address City Zip Code County*

Legal Description: \_\_\_\_\_ Lot Size in: \_\_\_\_\_ Ft<sup>2</sup>, or \_\_\_\_\_ Acres

Finding Location: \_\_\_\_\_  
*(Blocks or miles from a given point)*

*Please check the applicable certification that applies and sign below.*

**Flow Certification:**

27A O.S. Section 2-6-403. 1. States: It shall be the duty of the person contracting with an installer who is modifying or installing an on-site sewage treatment system for a residence or business to certify the number of bedrooms in the residence or the water usage of the business that will be served by the sewage treatment system to that the system can be properly sized.

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms: \_\_\_\_\_.

OR

The estimated flow or actual flow for this small public sewage system is \_\_\_\_\_ gal/day and is a \_\_\_\_\_  
*Type of Facility*

I hereby certify under penalty of law that this document contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete.

\_\_\_\_\_  
*Print First Name*

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Signed*

**NOTE: During construction should the number of bedrooms change from the number reflected on this form please notify the Engineering and Sanitation Facilities office immediately.**

Applicants Name: \_\_\_\_\_

**This form only needs to be filled out by anyone that is over 18 and did not have a Tax return  
Employment Verification Form**

Complete the top half of the employment form by listing your employers Information. You will need to print your name. Do not have this form filled out by your employer. It must be verified by this office.

\_\_\_\_\_  
Employers' Name

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Employers' Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Employers' Phone Number

I hear by authorize my employer to furnish all the information requested on this Inquiry.

\_\_\_\_\_  
Signature of Participant/Applicant

\_\_\_\_\_  
Date

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**DO NOT WRITE BELOW THIS LINE – TO BE FILLED OUT BY PERSONNEL**

Anticipated Gross Earnings for the 12 month period: \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_

Current Base Pay Rate (Gross): \_\_\_\_\_

Per	_____ hour	Seasonal	_____
	_____ week	Part-time	_____
	_____ month	Regular	_____
	_____ bi-monthly	(Explain)	_____
	_____ other		

Give lay-off periods if employment is seasonal or sporadic: \_\_\_\_\_

Date Hired: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

*Warning: Section 1001 of the Title 18 for the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter in its jurisdiction.*

Please Return to:  
Cherokee Nation – Sanitation Facilities Construction  
115 W North Street  
Tahlequah, OK 74464  
Or

E-Mail: [SFCApplication@cherokee.org](mailto:SFCApplication@cherokee.org)

Applicants Name: \_\_\_\_\_

**No Income or Odd Job Verification**

*This form must be notarized.*

This form only needs to be filled out if you have NO reportable income.

**This statement is to certify that I am not receiving income from any source:**

- I am not employed through any public or private employer
- I am not receiving any type of unemployment compensation benefits.
- I am not receiving AFDC, Welfare, Social Security, Veterans benefits or any other type of benefits.
- I am not receiving a pension, retirement or any annuity benefits.
- I am not receiving any income from Odd Jobs, Such as babysitting, cutting wood, selling aluminum cans, etc.
- I am not receiving child support or any monetary benefits.

I understand that I must report any changes in income

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**If you do odd jobs complete this section:**

I do odd jobs and receive \$ \_\_\_\_\_ monthly from these jobs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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This part **MUST** be filled out by a Notary:

Subscribed and sworn before me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on: \_\_\_\_\_

Commission Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

*Warning: Section 1001 of the Title 18 for the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter in its jurisdiction.*

Please Return to:  
Cherokee Nation – Sanitation Facilities Construction  
115 W North Street  
Tahlequah, OK 74464  
Or  
E-Mail: [SFCapplication@cherokee.org](mailto:SFCapplication@cherokee.org)

## **STATEMENT OF UNDERSTANDING For Materials Only**

I understand that the Cherokee Nation will be responsible for providing **“Materials Only”** for my services requested. **All materials must be obtained from a TERO certified vendor.**

I understand I will be responsible for the cost of all labor. I also understand that I may hire a licensed/certified contractor to perform the work, making sure the Contractor provides the Cherokee Nation E&SFC Program with an “As Built” drawing to be placed in my file

**OR**

I may get a DEQ Authorization to Construct permit and do the work myself, making sure a copy of the “As Built” drawing is provided to the Cherokee Nation E&SFC Program. **If I elect to do the work myself, I understand that Cherokee Nation will need a copy of the DEQ permit before materials are delivered.**

Homeowner: \_\_\_\_\_  
PRINTED NAME SIGNATURE

Date: \_\_\_\_\_

By signing this form I understand I am agreeing to provide an “As Built” drawing to the Cherokee Nation Engineering & Sanitation Facilities Construction Program and any and all costs required completing this project will be the responsibility of the homeowner.

Contractor:  
\_\_\_\_\_  
PRINTED NAME SIGNATURE

Date: \_\_\_\_\_

Contractor’s Phone number: \_\_\_\_\_

Certification/License number: \_\_\_\_\_

**SEWER/WATER**

(MAY CIRCLE ONE OR BOTH)

## **STATEMENT OF UNDERSTANDING For Stipend Only**

I understand that the Cherokee Nation will be responsible for providing “**Stipend Only**” for my services requested.

I understand that I must hire a Department of Environmental Quality (DEQ) certified septic installer, certified by the Tribal Employment Rights Office (TERO) to perform the work. Prior to the start of construction the TERO contractor must furnish a written quote to Cherokee Nation Sanitation Facilities Construction Program detailing the work to be performed. After receipt of this quote a purchase order will be issued to the installer in an amount not to exceed \$2999.00. Upon completion of construction an inspection will be performed on the system installed. If the system is found to comply with DEQ specifications the contractor will invoice Cherokee Nation for the actual cost not to exceed \$2999.00 and provide a copy of the construction permit and as-built drawing filed with the DEQ. Cherokee Nation will pay the contractor the actual cost not to exceed \$2999.00 and the homeowner will be responsible for any remaining balance.

Homeowner: \_\_\_\_\_

PRINTED NAME

SIGNATURE

Date: \_\_\_\_\_

By signing this form I understand I am agreeing to provide a copy of the as-built drawing and DEQ permit to the Cherokee Nation Sanitation Facilities Construction Program and any and all costs required completing this project above \$2999.00 will be the responsibility of the homeowner.

Contractor:

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME

SIGNATURE

Date: \_\_\_\_\_

Contractor’s Phone number: \_\_\_\_\_

Certification/License number: \_\_\_\_\_

