

# Delaware Nation

P.O. Box 825  
 Anadarko, OK 73005  
 405 / 247-2448  
 Fax: 405 / 247-4806

## APPLICATION FOR 2<sup>nd</sup> DISTRIBUTION OF THE 2020 CARES-TRIBAL HOUSING AND UTILITY ASSISTANCE PROGRAM

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

Name of Applicant: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone (\_\_\_\_) \_\_\_\_\_ Alternate Contact Phone (\_\_\_\_) \_\_\_\_\_

**If household composition has changed since your last application, please submit copies of birth certificates, social security cards and proof of tribal enrollment. Please submit new copies of most recent proof of income information and bills.**

**If assistance is requested, please provide how the COVID-19 Pandemic has affected your household (check all that apply):**

- \_\_\_\_\_ Loss of employment (Furlough) please provide documentation from employer.
- \_\_\_\_\_ Reduction of work hours – please provide documentation from employer.
- \_\_\_\_\_ Increased cost or reduced income due to teleworking
- \_\_\_\_\_ Please explain and provide proof: \_\_\_\_\_
- \_\_\_\_\_ Increased medical expenses related to COVID-19
- \_\_\_\_\_ Please explain and provide proof: \_\_\_\_\_
- \_\_\_\_\_ Change in family composition/income (please explain: \_\_\_\_\_)
- \_\_\_\_\_ Other (please explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Only complete if there has been a change in household composition since last application for assistance:**

Name	Relation to client	Date of Birth	Social Security	Enrolled Tribe



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**Name and Address of Mortgage Lender and/or Landlord Company**

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

Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Name and Address of Utility Company:**

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

Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Name and Address of Utility Company:**

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

Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Name and Address of Utility Company:**

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

Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_



**Delaware Nation**  
**Delaware Nation Housing Department**

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Have you or any person listed as a family member received housing and/or utility assistance from the Delaware Nation 2020 CARES-Tribal Housing and Utility Assistance Program? \_\_\_\_\_

Have you or any person listed as a family member received housing and/or utility assistance from other tribal, government and/or state agency in the past year? If yes, please provide date of assistance, agency name and program?  
\_\_\_\_\_

**Certification:**

I understand that this is not a contract and does not bind either party. I certify that the information given in this application is true and correct to the best of my knowledge. I understand that willful, false statements or misrepresentations are criminal offenses and could cause me to be ineligible for the housing assistance. I have no objections to inquiries being made for the purpose of verifying the information given herein.

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

\_\_\_\_\_  
Signature of spouse                      Date

\_\_\_\_\_  
Signature of Adult Member              Date

\_\_\_\_\_  
Signature of Adult Member              Date