

Delaware Nation

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

2020 CARES-TRIBAL HOUSING AND UTILITY ASSISTANCE PROGRAM GUIDELINES

The purpose of the Delaware Nation 2020 CARES-Tribal Housing and Utility Assistance Program is to provide emergency subsidy assistance with Rent, Mortgage and Utilities in order to help families avoid overcrowding, homelessness, eviction and or disconnection of utilities during the COVID 19 pandemic. The 2020 CARES- Tribal Housing and Utility Assistance Program will provide assistance up to \$1,500.00 to eligible applicants. In order to be eligible, applicants must:

- A. Be an enrolled citizen of the Delaware Nation.
- B. Reside within the United States.
- C. Must meet the 100% United States National Median Income Limit Guidelines (see chart below). **Families that have experienced layoffs or have been furloughed shall have priority over other applicants.** This program will operate as a “first come, first served” program as long as funding is available).

2020 United States Median Income Guidelines								
FAMILY SIZE	1	2	3	4	5	6	7	8
MAX INCOME	\$ 54,950	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,780	\$ 91,060	\$ 97,340	\$ 103,620

- D. Must have had an interruption of income such as reduced employment hours or wages, layoffs, or have been furloughed that resulted in a loss of wages, or provide proof of how household has been affected by the COVID-19 Pandemic.
- E. Applicants applying for assistance with mortgage, rent payments and/or utilities must reside within the unit at the time of application process.
- F. Payments shall not be made for services where an applicant has already been evicted from the rental unit or is in foreclosure. Payments shall not be made for units that are involved in court proceedings.
- G. Delaware Nation Citizens applying for assistance with rent or mortgage payments must be listed on titles and leases.
- H. Utility bills submitted for assistance must have name of the Delaware Nation Citizen on the bill provided.
- I. Assistance for eligible applicants shall only be paid for the monthly bill amount noted on statement for the most current 2020 month in which the applicant is applying not to exceed the ceiling amount of \$1,500.00. Bills and statements submitted with application must be dated within 30 days of the date of application.
- J. This is a one-time assistance for eligible applicants, unless otherwise approved by the Delaware Nation Executive Committee.
- K. Applicant's cannot apply for services that have been assisted with other federal programs (i.e. LIHEAP). Services cannot be duplicated.
- L. Applicants must submit a completed application with all required supporting documents before the application can be processed to make a determination of eligibility. Documents required are including but not limited to proof of tribal enrollment, income verification, verification of required rent charge from landlord, mortgage payment, utility bills and/cut off notices, etc. (see application checklist for complete list of required documentation).

Payments shall be made to vendors only (i.e. landlords, utility companies, etc. No payments shall be made to applicants nor will reimbursements be paid to applicants.



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Eligible Costs for this program shall include:

- A. Monthly required rent or mortgage charges to prevent homelessness.
- B. Monthly required utility fees to avoid cut off. (i.e. gas, electric, propane, water, internet, and cellular bills).
- C. Payments may be made for services that have been disconnected between March 2020 – December 2020 as long as funds remain available. Applicant will be required to pay the reconnection fee.

Ineligible Activities for this program shall include:

- A. Past due residential rental payments where the applicant has already been evicted or a home is in foreclosure.
- B. Payments that would add a credit for future payments, principal balances only or reimbursements to applicant.
- C. Telephone deposits
- D. Cable and satellite bills.
- E. Internet services only will be paid when services are bundled with satellite or cable bills.
- F. Utility Deposits
- G. Reconnection fees
- H. Purchase of cellular device, computers, laptops or other internet devices.



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APPLICATION CHECKLIST:

Applicants must complete a 2020 Cares Tribal Housing and Utility Assistance application. The application packet and other submissions consist of the following:

- Completed Application.
- Tribal enrollment documentation for all members in the household.
- Copy of Birth Certificate **OR** valid state identification card for primary applicant.
- Copy of Social Security Card for primary applicant.
- Income verification from all sources of income for members living in home – (Paystubs for the last 30 days or current tax return if self-employed)
- Completed Income Verification Forms for all household members who are 18 years or older.
- Current billing statement for rent, mortgage and utility cut off.
- Proof of reduced employment hours or loss of employment, if applicable.
- Expense sheet: Including addresses and phone numbers for all vendors listed.

If requesting assistance, you must provide a billing statement with account numbers before Delaware Nation can have payment applied to your account.



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APPLICATION PROCESS AND PROCEDURES

Due to the Covid-19 pandemic and recommended social distancing, completed applications may be submitted only by email to jsalvador@delawarenation-nsn.gov or leckiwaudah@delawarenation-nsn.gov , faxed at (405) 247-4806, or mailed to Delaware Nation Housing Department P.O. Box 825, Anadarko, OK 73005. It is the responsibility of the applicant to submit all required documentation. An application will not be processed until all required documentation is received by the COVID-19 Housing Assistance Clerks. Each application shall be reviewed to ensure all documentation is submitted and all required signatures are in place.

If an application is deemed incomplete, the applicant will be notified immediately by phone and/or letter. The application will be considered pending for a period of two weeks. If the application is still incomplete after two weeks, the application will be denied due to being incomplete and the applicant will have to begin the application process again.

Once the application is determined to be complete, the COVID-19 Housing Assistance Clerk will calculate income and verify all required documentation. Verification will also be done to ensure the applicant has not received prior assistance from other federally funded programs for services for which they are applying. A determination of eligibility shall be provided within one week of receiving a complete application.

Annual income shall be calculated using the requirements in 24 CFR 1000.10 which states: Annual Income is defined under HUD Section 8 (24 CFR part 5, subpart F), IRS (Form 1040), and U.S. Census data (except when determining the income of a homebuyer for an owner-occupied rehabilitation project, the value of the homeowner's principal residence may be excluded from the calculation of Net Family assets). The definition that is most advantageous to the applicant will be used.

If an applicant is determined ineligible, a notice of ineligibility stating the reason(s) for the determination shall be sent to applicant.

If an applicant is determined eligible, an approval letter shall be sent to the applicant and vendor(s) stating the applicant has been approved for assistance. The letter shall state the amount of assistance to be disbursed to the vendor(s) and the dates payment shall be made.

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APPLICATION FOR THE 2020 CARES-TRIBAL HOUSING AND UTILITY ASSISTANCE PROGRAM

Date: _____

Name of Applicant: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone (_____) _____ Alternate Contact Phone (_____) _____

For the main Applicant, please submit copies of your Birth Certificate, Social Security Card and Tribal Enrollment Documentation.

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): _____
- _____
- _____

List individuals who reside in the COVID-19 Emergency Housing and Utility Assistance property:

Name	Relation to client	Date of Birth	Social Security	Enrolled Tribe

*For all persons listed above, please attach copies of tribal enrollment documents



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List Monthly Income of all household citizens:

Name	Monthly Income amount	Source

List Net Family Asset: (example: checking/ savings accounts; lease/royalties; stocks; bonds; etc.)

Type of Asset	Estimated Value

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:

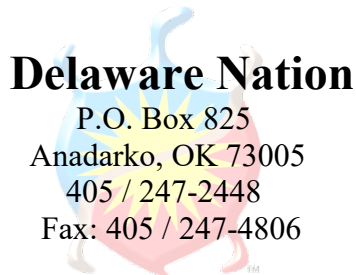
Name: _____

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: _____

Name and Address of Utility Company:

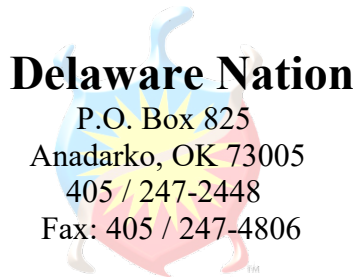
Name: _____

Account # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____



Have you or any person listed as a family member received housing and/or utility assistance from the Delaware Nation before? If yes, when? _____

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



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INCOME VERIFICATION FORM

SECTION 1: All applicants and household members 18 years of age and older complete Section 1.

HOUSEHOLD MEMBER'S NAME: _____ SS #: _____

SECTION 2: ZERO INCOME: Complete if you do not earn or receive any income. If you complete Section 2 DO NOT proceed to Section 3. If you receive or earn income proceed directly to Section 3.

I, (Print Name) _____ do hereby certify that I DO NOT earn or receive income from any source.

Signature & Date:

SECTION 3: EARNED OR UNEARNED INCOME: Complete if you earn or receive income. Check only the items/categories from which you receive income.

<u>WORK *</u>	<u>ODD JOBS *</u>	<u>BENEFITS</u>
____ Employment	____ Yard Work	____ Unemployment
____ Commissions	____ Maintenance	____ Social Security &/OR SSI
____ Stipends	____ House Cleaning	____ TANF
____ Tips	____ Crafts	____ VA/Workers Comp
____ Child support/Alimony	____ Cultural Activities	____ Tribal Per Capita Pymts

I, (Print Name) _____ hereby certify that I earn or receive income from _____

Signature & Date:

***If you answered YES to any of the items listed in Section 3 Work or Odd Jobs please complete a Third-Party Income Verification Form.**