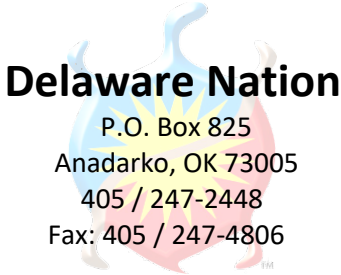


Please select appropriate box:

2nd Distribution Application

3rd Distribution Application

4th Distribution Application



APPLICATION FOR SUBSEQUENT 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:

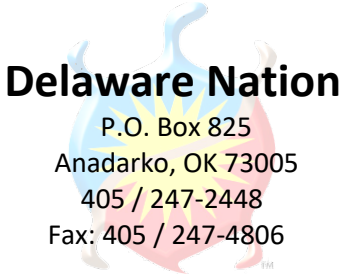
Name	Relation to client	Date of Birth	Social Security	Enrolled Tribe

Please select appropriate box:

2nd Distribution Application

3rd Distribution Application

4th Distribution Application



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

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

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