

## COVID-19 RESPONSE TO ALLEVIATE THE EFFECTS OF THE PANDEMIC FOR:

### Tires or Vehicle Repair Assistance

- **PURPOSE:** This program will aid COVID-19 impacted citizens who need new tires or costly repairs to vehicles in order to obtain and/or sustain employment, attend medical appointments, attend educational courses and/or provide transportation for daily living tasks.
- **APPLICATION PROCESS:** This assistance program is for COVID-19 impacted Delaware Nation citizens nationwide. Applications can be obtained on the Delaware Nation website or by calling 405-247-2448 and may be submitted by email, fax or mailed to the Delaware Nation Social Services office. This program is a one-time payment and eligible to one tribal citizen per vehicle. The tribal citizen applying must be listed on the vehicle title. If the vehicle is tagged by an agency other than Delaware Nation, a copy of the title with the tribal citizen's name is required. Please submit only complete applications with all required documents listed below.
- **APPLICATION DATES:** December 1, 2020 to December 30, 2020 while funding is available Applications must be received by December 30th. All applications received after December 21<sup>st</sup> will be processed early January. Processing will be completed after all information is verified on the application.
- **AMOUNT OF ASSISTANCE: UP TO \$800, WHILE FUNDING IS AVAILABLE**  
\*Payment will be made directly to the vendor. For all vehicle repairs, repairs must be completed by a certified and licensed auto shop. An invoice with an estimate of repairs must be submitted with the application. For tire purchase, purchase is for new tires only and must be made at a licensed retailer. An invoice from the vendor must be submitted with the application. Any portion of the cost exceeding the allotted \$800 is the responsibility of the tribal citizen and must be paid first before Delaware Nation's payment can be made.

This assistance will reimburse costs from August 1, 2020 - December 30, 2020 as long as receipts are submitted with application. Receipts will be required for purchases. Please submit electronically or by mail. Receipts must equal the total amount of the assistance provided. Tribal citizens who request to be reimbursed for this assistance in the total amount paid will be added to your 1099 at the end of the year.

Email: [spitner@delawarenation-nsn.gov](mailto:spitner@delawarenation-nsn.gov)

Address: Attn: Social Services, Delaware Nation, P.O Box 825, Anadarko, OK 73005

Delaware Nation will accept pictures of receipts taken on smartphones and emailed from the applicant.

Until copies of receipts are received, applicant will not be eligible to apply for any other Tribal Assistance program in the future. Due to COVID-19 guidelines, there will be no duplication of services allowed through December 31, 2020.

- **ELIGIBILITY REQUIREMENTS:**
  1. **Citizenship:** Applicant must be a Delaware Nation citizen
  2. **Residency:** nationwide
  3. **Age:** 18 years of age and older
  4. **Vehicle must be in the tribal citizen's name**
- **REQUIRED DOCUMENTS:**
  - ✓ Completed application
  - ✓ Copy of the vehicle title if tagged by an agency other than Delaware Nation
  - ✓ Invoice/quote

**Please provide the name, date of birth and citizenship identification number.**

**Citizen ID:** \_\_\_\_\_

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Physical/Mailing Address:**

Street \_\_\_\_\_, City \_\_\_\_\_,

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Year, Make and Model of Vehicle:** \_\_\_\_\_

**Tag #:** \_\_\_\_\_

**Name of Vendor:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Vendor Phone Number:** \_\_\_\_\_

**Description of Vehicle Repair Needed or Tire Purchase:** \_\_\_\_\_

\_\_\_\_\_

**Self-Certification:**

\_\_\_ Reduced weekly hours or furloughed due to COVID-19

\_\_\_ Unemployed due to COVID-19 and currently looking for employment

\_\_\_ Need vehicle repairs in order to have transportation for medical appointments.

**\*Attach invoice and copy of the vehicle title with this application.**

**By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I further certify that any misuse of funds will result in ineligibility of future participation in any Delaware Nation Assistance Program until funds are reimbursed. I accept the Terms and Conditions and agree to use the COVID-19 Assistance funds for the intended purpose stated within this application for the citizen reported.**

Signature of applicant: \_\_\_\_\_

If you have any questions regarding eligibility or submission please call 405-247-2448 ext. 1151 to be directed to Delaware Nation staff assisting with questions.