

# Delaware Nation

904 W. Petree Road  
Anadarko, OK 73005  
405 / 480-2220  
Fax: 405 / 480-2225

## **DEPARTMENT OF TREASURY EMERGENCY RENTAL ASSISTANCE PROGRAM GUIDELINES**

The purpose of the Delaware Nation Emergency Rental Assistance Program is to provide emergency subsidy assistance with Rent and/or Utilities in order to help families avoid homelessness, eviction and/or disconnection of utilities during the COVID 19 pandemic. **Families that have experienced layoffs or have been furloughed will have priority.** This program will operate as a “first come, first served” program as long as funding is available. In order to be eligible, applicants must:

- A. Be an enrolled citizen of the Delaware Nation.
- B. Reside within the state of Oklahoma.
- C. Must meet the 80% United States National Median Income Limit Guidelines (see chart below).

2020 United States Median Family Income Limits at 80% Published July 30, 2020								
FAMILY SIZE	1	2	3	4	5	6	7	8
MAX INCOME	\$ 43,960	\$ 50,240	\$ 56,520	\$ 62,800	\$ 67,824	\$ 72, 848	\$ 77,872	\$ 82,896

- D. Must have had an interruption of income such as reduced employment hours or wages, layoffs, have been furloughed that resulted in a loss of wages, or **significant** financial hardship due to the COVID-19 pandemic.
- E. Applicants applying for assistance with rent payments and/or utilities must reside within the unit at the time of application process.
- F. Payments will not be made for services where an applicant has already been evicted from the rental unit.
- G. Delaware Nation Citizens applying for assistance with rent and/or utility payments must be listed on the rental lease and utility bills.
- H. Assistance for eligible applicants shall only be paid for the amount noted on the current billing statement. Bills and statements submitted with application must be dated within 30 days of the date of application.
- I. Applicant's cannot apply for services that have been assisted with other federal and/or state assisted programs. Services will not be duplicated.
- J. Applicants must submit a completed application with all required supporting documents before the application can be processed to make a determination of eligibility. Incomplete applications will not be processed.
- K. Assistance will not be provided for mortgage payments, utility bills where the applicant owns the unit, and cellular service.

**Payments will only be made to landlord and/or utility vendors. Payments will not be made to applicants nor will reimbursements be paid to applicants.**



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### **APPLICATION CHECKLIST:**

- 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 60 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 and/or utility cut off.
- Proof of reduced employment hours, loss of employment or unemployment.
- Expense sheet: Including addresses and phone numbers for all vendors listed.
- Self-certification letter explaining in detail how you have suffered financial hardship due to the COVID-19 pandemic.
- W-9 for all vendors that you are requesting assistance with paying.**

**If requesting assistance, you must provide a billing statement with account numbers before payment will be applied to your account.**



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## **APPLICATION FOR THE DEPARTMENT OF TREASURY EMERGENCY RENTAL 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.**
- \_\_\_\_\_ 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: \_\_\_\_\_



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**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:**

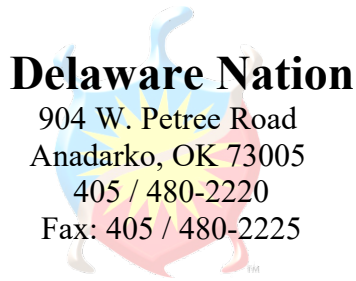
Name: \_\_\_\_\_

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.**

**WORK \***

**ODD JOBS \***

**BENEFITS**

\_\_\_\_ Employment  
\_\_\_\_ Commissions

\_\_\_\_ Yard Work  
\_\_\_\_ Maintenance

\_\_\_\_ Unemployment  
\_\_\_\_ Social Security &/OR

\_\_\_\_ Stipends  
\_\_\_\_ Tips

\_\_\_\_ House Cleaning  
\_\_\_\_ Crafts  
\_\_\_\_ Cultural Activities

SSI  
\_\_\_\_ TANF  
\_\_\_\_ VA/Workers Comp  
\_\_\_\_ 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.**

