

AMERICAN RESCUE PLAN ACT (ARPA) RESPONSE TO ALLEVIATE THE EFFECTS OF THE
PANDEMIC FOR:

General Welfare Program: APPLIANCE ASSISTANCE

- **PURPOSE:** This program will provide ARPA funds for Tribal citizens, 18 years old and older, for a **one-time purchase up to \$1,000.00**. Appliances that can be purchased are a new hot water heater, dishwasher, washer, dryer or washer/dryer combo (including delivery, and installation costs) for necessary sanitation. These funds will be **available nation-wide** to all eligible applicants as long as **funds are available**.
- **APPLICATION PROCESS:** Applications can be obtained on the Delaware Nation website and may be submitted by email, fax or mailed to the Delaware Nation EPA office. Any inconsistent or missing data may delay processing, and further action taken to process will require additional time before processing and payment is complete.

Reimbursement: A Tribal Citizen may be reimbursed **up to \$1,000.00** for this purchase if made during **March 3, 2021 to June 6, 2021**. A copy of the original invoice and/or receipt will need to be submitted with this application.

New Purchase: **After June 6, 2021, applicants will need to submit an invoice/quote showing the type of appliance to be purchased, total cost of purchase, and vendor to be paid.** If the purchase price is more than \$1,000.00, the tribal citizen will be responsible to pay the difference. If the remaining balance is not paid to the vendor within 30 days, **Delaware Nation will request a refund and no payment to the vendor will be made toward the appliance.**

- **APPLICATION DATES:** **June 7, 2021 to August 30, 2024 (while funding is available).** Processing will begin once a completed application is received and verified. **No rush payments will be made.** Please know that a regular processing time will take up to 14 business days.
- **AMOUNT OF ASSISTANCE: UP TO \$1,000.00 (while funding is available)**
The required Invoice/Quote can be submitted electronically or by mail. Delaware Nation will accept a picture of the invoice taken on smartphones and emailed from the applicant as well. **Delaware Nation will process the payment directly to the vendor chosen unless it is a reimbursement as stated above. The tribal citizen will be emailed or called to be notified of payment processed. The Tribal citizen will be responsible to set up delivery and installation of purchased appliance.**

Email: arpaappliance@delawarenation-nsn.gov

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

ELIGIBILITY REQUIREMENTS:

1. Must be an enrolled Delaware Nation tribal citizen 18 years or older.
2. Must be the named renter on lease, homeowner, or provide a notarized affidavit that the address given is the primary residence of the Tribal Citizen. **Please send documentation in with application. Application process will not start until documents are received.** Documentation may be utility bill, mortgage payment, lease agreement and notarized affidavit letter. If you have any questions on acceptable proofs of residency, please call 405-247-2448.
3. Email, Mail or Fax a copy of the invoice showing the type of appliance being purchased, cost of appliance, and vendor to be paid.

APPLICATION: Please provide the name, date of birth and citizenship roll number.

Delaware Nation Roll #: _____

Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____

Physical Address:

Street _____

City _____, State _____ Zip Code _____

Mailing Address (if different than physical address):

Street _____

City _____, State _____ Zip Code _____

Email address: _____

Contact Phone #: _____

(A current contact number and email address will assist us in processing your request.)

TYPE OF PURCHASE (Select the appliance listed on the invoice/quote and self-certify if purchasing a hot water heater or dishwasher):

___ Hot Water Heater

___ I certify that I am not a renter and own my home.

___ Dishwasher

___ I certify that I own my own home. **OR** ___ I certify that as a renter, I will be purchasing a portable dishwasher.

___ Washer

___ Dryer

___ Washer/Dryer Combo

I FURTHER SELF-CERTIFY THAT (Check all that apply):

A member of my immediate household has been diagnosed with one or more medical conditions that affect my/their overall health.

A member of my immediate household has been diagnosed, tested positive, and/or currently recovering from the Coronavirus.

Due to my health concerns and/or my immediate family member, I prefer to not go to crowded laundry mats/public places for these services.

- **By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate. I accept the Terms and Conditions and agree to use the ARPA Assistance funds for the intended purpose stated within this application.**

Signature of applicant: _____

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