



Delaware Nation

Self-Governance American Rescue Plan Act

General Welfare Assistance: Emergency Household Water and Wastewater Needs Program

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This Self-Governance ARPA Program is a **nation-wide** assistance for water/sewer services in need of repair, reconnection, new services, or past due balance at risk for disconnection. This is a **one-time assistance up to \$500.00 which can include reconnect fees and late charges.** This program will be available **until funding is expended.**
- **START & DEADLINE DATES:** This funding will be provided from **January 3, 2022** and will remain open until funding is expended.
- **APPLICATION PROCESS:**
Eligible tribal citizens must provide proof of primary residence and complete the attached application to qualify for this assistance. If proof of primary residency cannot be provided, the applicant will not be eligible for the assistance, **no exceptions.**
- **REQUIRED DOCUMENTATION FOR PROCESSING:**
A completed application with the following documentation:
 1. Copy of CDIB card
 2. A delinquent water/sewer utility bill indicating a cut-off notice or that service has been interrupted due to nonpayment or invoice showing cost of repairs to home water/sewer system. If applying for reimbursement a receipt must be included.
 3. To prove primary residency, the bill must be in the tribal citizen's name with the home's address.
- **APPLICATION SUBMISSION:** Applications can be obtained on the Delaware Nation website or by calling **405-247-2448**. The tribal citizen's application with documentation may be submitted through one of the following:
Email: Spitner@delawarenation-nsn.gov (Please submit to this email only)
Fax: **405 247-5942**
Mail: **Delaware Nation
Social Services
P.O. Box 825
Anadarko, OK 73005**

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Reestablish Water/Sewer Program

APPLICATION: Please print the information below.

Citizen Roll #: _____

Name: _____

Mailing Address: _____

City, State & Zip Code: _____

Contact Number: _____

Alternate Contact Number: _____

Email Address: _____

Self-Certification: (Check all that apply)

- Reduced weekly hours or furloughed due to COVID-19
- Unemployed due to COVID-19 and currently looking for employment
- Higher cost of living due to COVID-19
- Needed to meet sanitation needs due to COVID-19

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 these funds for the intended purpose stated within this application.

Signature of applicant: _____

Date: _____