

Delaware Nation Housing Department

904 W. Petree Road
Anadarko, OK 73005
405 / 480-2220
Fax: 405 / 480-2223

2023 IHBG-ARPA HOUSING AND UTILITY ASSISTANCE PROGRAM GUIDELINES

The purpose of the Delaware Nation 2023 IHBG-ARPA Housing and Utility Assistance Program is to provide emergency subsidy assistance with Rent, Mortgage and Utilities in order to help families avoid overcrowding, homelessness, eviction and or disconnection of utilities due to a significant financial hardship from the COVID 19 pandemic. The 2023 IHBG-ARPA Housing and Utility Assistance Program will provide assistance up to \$1,500.00 to eligible applicants. **Families that have experienced layoffs or have been furloughed shall have priority over other applicants.** 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 United States.
- C. Must meet the 80% United States National Median Income Limit Guidelines (see chart below).

2022 United States Median Family Income Limits at 80% Published June 14, 2022								
FAMILY SIZE	1	2	3	4	5	6	7	8
MAX INCOME	\$ 50,400	\$ 57,600	\$ 64,800	\$ 72,000	\$ 77,800	\$ 83,600	\$ 89,300	\$ 95,100

- D. Must show proof and/or certify that applicant’s household has suffered a significant financial hardship due to the COVID-19 pandemic.
- E. Applicants applying for assistance with mortgage, rent payments and/or utilities must reside within the unit at the time of application process.
- F. Payments shall not be made for services where an applicant has already been evicted from the rental unit or is in foreclosure.
- G. Delaware Nation Citizens applying for assistance with rent or mortgage payments must be listed on titles and leases.
- H. Utility bills submitted for assistance must have name of the Delaware Nation Citizen on the bill provided.
- I. Assistance for eligible applicants shall only be paid for the amount noted on billing statement for the current month in which the applicant is applying not to exceed the ceiling amount of \$1,500.00. Bills and statements submitted with application must be dated within 30 days of the date of application.
- J. This is a one-time assistance for eligible applicants.
- K. Applicant’s cannot apply for services that have been assisted with other federal programs. Services cannot be duplicated; however, an eligible applicant may utilize the program to cover cost that was not covered with other programs. For example: If an applicant’s bill is \$400.00 and they received assistance through LIHEAP for \$200.00, they may receive help for the remaining \$200.00 with the IHBG-ARPA Housing and Utility Assistance Program.
- L. Applicants must submit a completed application with all required supporting documents before the application will be processed to make a determination of eligibility. (see application checklist for complete list of required documentation). **Incomplete applications will not be processed.**

Payments shall be made to vendors only (i.e. landlords, utility companies, etc. No payments shall be made to applicants nor will reimbursements be paid to applicants.

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Eligible Costs for this program shall include:

- A. Monthly required rent or mortgage charges to prevent homelessness.
- B. Monthly required utility fees to avoid cut off or to have services restored in cases of disconnection. (i.e. gas, electric, propane, and water).

Ineligible Activities for this program shall include:

- A. Past due residential rental payments where the applicant has already been evicted or a home is in foreclosure.
- B. Payments that would add a credit for future payments, principal balances only or reimbursements to applicant.
- C. Telephone deposits
- D. Cable and satellite bills.
- E. Cellular Service
- F. Internet services
- G. Utility Deposits
- H. Pet Fees
- I. Purchase of cellular device, computers, laptops or other internet devices.

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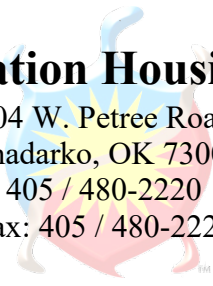
2023 IHBG-ARPA APPLICATION CHECKLIST:

- Completed Application.
- Tribal enrollment documentation for all members in the household.
- Copy valid state identification card OR Birth Certificate, if state ID is not available, for primary applicant.
- Copy of Social Security Card for primary applicant.
- Income verification from all sources of income for all members living in home – (i.e. paystubs for the last 30 days, current tax return if self-employed or award letters for disability).
- Completed Income Verification Forms for all household members who are 18 years or older.
- Current billing statement for rent, mortgage and utilities and/or disconnection notices.
- Proof of reduced employment hours or loss of employment, if applicable.
- Expense sheet: Including addresses and phone numbers for all vendors listed.
- Completed W-9 for landlord
- Self-certification letter explaining in detail how you have suffered financial hardship due to the COVID-19 pandemic.

If requesting assistance, you must provide a billing statement with account numbers before Delaware Nation can have payment applied to your account.

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APPLICATION FOR THE 2023 IHBG-ARPA HOUSING AND UTILITY 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.
- _____ 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): _____
- _____
- _____

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

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*For all persons listed above, please attach copies of tribal enrollment documents

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: _____

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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.

<u>WORK *</u>	<u>ODD JOBS *</u>	<u>BENEFITS</u>
____ Employment	____ Yard Work	____ Unemployment
____ Commissions	____ Maintenance	____ Social Security &/OR SSI
____ Stipends	____ House Cleaning	____ TANF
____ Tips	____ Crafts	____ VA/Workers Comp
____ Child support/Alimony	____ Cultural Activities	____ 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.**

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Please **SPECIFICALLY** state how your household has suffered a significant financial hardship due to the COVID-19 pandemic:

Applicant Signature: _____ Date: _____