



## Delaware Nation

P.O. Box 825  
Anadarko, OK 73005  
405 / 247-2448  
Fax: 405 / 247-4806

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### **EMERGENCY REPAIR PROGRAM**

In order to request Emergency Repair Services, participants should contact the DNHD office. We will take a short description of the repair needed, the tribal member's name, address, and directions to your home. The DNHD staff will contact the Delaware Nation Enrollment Office to verify enrollment status and address and will verify the ownership of the home.

This program is funded by the Delaware Nation Tax Commission through an annual allocation of funds and is offered as long as funds are available. Damage caused by lack of maintenance by the homeowner will not be eligible for emergency repair assistance.

Please feel free to contact the DNHD office with your housing needs/requests at 405-247-2448.

### **Emergency Repair Guidelines and Eligibility Requirements**

1. Must submit a completed application with ALL required supporting documents. Incomplete applications will not be processed. (Please see check list on page 3).
2. Applicant must be an enrolled Delaware Nation Elder that is 60 years or older OR must be an enrolled Delaware Nation citizen who can provide proof of handicap or disability from a medical physician.
3. Must show proof of homeownership of a minimum of three years. Delaware Nation Housing will only except a deed/title that has the primary applicant listed at the owner. Delaware Nation Housing may except a title status report from the Bureau of Indian Affairs or court approved probate if the document shows clear proof that the applicant is the sole owner of the specified property for which repairs are needed. Delaware Nation Housing may also accept a certified legal document that gives the applicant lifetime use of the unit.
4. Must reside within the state of Oklahoma. DNHD staff may complete repairs in a 60 mile radius of the DNHD office. All other repairs shall be contracted out to a Delaware Nation approved vendor.
5. The unit for which assistance is being requested must be the primary residence of the applicant.
6. Eligible applicants who have homeowner insurance and are applying for assistance for repairs that would normally be insurable (i.e. roofs, flood damage, fire damage, etc.) shall be required to submit a claim to the insurance company. If the insurance claim is approved, Delaware Nation Housing may pay the deductible as long as it does not exceed the cap amount. If claim is denied or applicant does not have homeowner insurance, assistance may be given with the approval of the Executive Committee.

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7. Must meet the 80% United States National Median Income Limit Guidelines. Proof of income must be provided for all household members with submission of application (i.e., pay check stubs, social security, tax return, etc.).

% Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$53,850	\$61,550	\$69,250	\$ 77,000	\$ 83,100	\$ 89,250	\$ 95,450	\$101,600
100%	\$67,350	\$77,000	\$86,600	\$ 96,200	\$103,900	\$111,600	\$119,300	\$127,000

8. Assistance shall be limited to one occurrence per fiscal year, whether or not the repairs required the full cap amount.
9. Mobile homes, campers and rental units are not eligible for assistance.
10. Delaware Nation Housing shall not pay reimbursement costs to any applicant or vendor for work done prior to the application process and eligibility determination.
11. Payment shall only be made to a Delaware Nation approved vendor after applicant has been determined eligible.
12. All selected vendors must meet the Delaware Nation Policy requirements. This includes, but is not limited to, vendor and all staff performing repairs have approved background checks in compliance with P.L.101-630, submission of completed W-9, satisfactory rating with the Better Business Bureau and the System for Award Management.
13. If determined eligible, assistance may be provided in the amount up to but no more than \$3,000.00. Any amounts that exceed the capped amount of \$3,000.00 shall be the responsibility of the applicant and must be paid in full before Delaware Nation Housing will disburse funding.
14. Any application received where the Housing Department staff determines that damage was due to lack of maintenance by the homeowner, will not be eligible under this program.

**\*Due to limited funding, this program is a first come, first served basis.**



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### **Application Checklist**

- ☐ Completed and signed application
- ☐ Tribal enrollment documentation for applicant/homeowner.
- ☐ Valid state identification card.
- ☐ Proof of handicap or disability from a medical physician (if under the age of 60 years).
- ☐ Income verification from all sources of income for all members living in home.
- ☐ Quotes from three licensed and bonded vendors.
- ☐ Pictures (if requested) of needed repairs from applicants who live more than 60 miles from the Delaware Nation Housing Office located at 31064 US Highway 281 Anadarko, OK 73005.
- ☐ Proof of homeownership of a minimum of three years (see guidelines on pages 1-2).
- ☐ Proof of homeowner insurance (see guidelines on pages 1-2).

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## Application for Emergency Assistance

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Contact #: (\_\_\_\_) \_\_\_\_\_

### List all individuals who reside in the property:

Name	Relationship to Applicant	Date of Birth	Social Security #	Enrolled Tribe If Delaware Roll #

### List Monthly Income of all household members:

*Please submit all source of income ~ SS, TANF, Retirement, IIM, unemployment, ect...*

Name	WAGES SALARIES ETC...	SSI/SSD PENSION/ RETIREMENT	TANF DHS	CHILD SUPPORT/ ALIMONY	OTHER	TOTAL ANNUAL INCOME

Explain Other Income Source: \_\_\_\_\_

***\*FOR ALL PERSONS LISTED ABOVE, PLEASE ATTACH COPIES OF TRIBAL ENROLLMENT DOCUMENTS (if applicable).***

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## Description of Problem:


Physical Address and Mailing Address of the property you are pursuing emergency assistance with:

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Have you (or any person listed as a member of the household) received **EMERGENCY ASSISTANCE** from the Delaware Nation Housing.

☐ No ☐ Yes If yes, when? \_\_\_\_\_

Do you currently have homeowner's insurance? ☐ No ☐ Yes

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## 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 information or mis-representations are criminal offenses and could cause me to be ineligible for Emergency Repair Assistance. I have no objections to inquiries being made of the purpose of verifying the information given herein.

\_\_\_\_\_  
Signature  
Tribal Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Spouse

\_\_\_\_\_  
Date

☐ **APPROVED**

☐ **DENIED**

**Comments:**

\_\_\_\_\_  
**HOUSING DIRECTOR**

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## REQUEST FOR INFORMATION

## ENROLLMENT DEPARTMENT

### The Delaware Nation

P.O. Box 825

Anadarko OK 73005

Phone: 405-247-2448

Fax: 405-247-5942



Office Use Only

\_\_\_\_\_ Date Received

\_\_\_\_\_ Time Received

\_\_\_\_\_ Received by

**CIRCLE TYPE OF INFORMATION REQUEST:**      RELEASE      VIEW      DISPUTE

*(To be completed by requestor and delivered to appropriate department. Incomplete forms may delay the process. Signed forms can be mailed, hand carried, faxed or scanned and emailed.)*

Requested by (Name & Title) \_\_\_\_\_

Requestor's Address \_\_\_\_\_

Requestor's Primary Phone # \_\_\_\_\_

Requestor's E-mail \_\_\_\_\_

Subject \_\_\_\_\_

What is specifically requested? \_\_\_\_\_

How will it be used? \_\_\_\_\_

Why is it requested? \_\_\_\_\_

Requested on behalf of \_\_\_\_\_

### Response Time

Most approved requests will be filled within seven (7) business days. In the event that the request takes longer to approve and fill, or if the request is denied, the requestor will be notified.

Disclaimer: The information requested provided "as is."

\_\_\_\_\_  
(Signature of Requestor)

\_\_\_\_\_  
Date

### Office Use Only

Request is:   **Approved**      **Denied**      Date \_\_\_\_\_ Time \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Form 012 05-26-11