



**DELAWARE NATION**  
GRANTS COORDINATOR  
[ismith@delawarenation-nsn.gov](mailto:ismith@delawarenation-nsn.gov)

Anadarko, OK 73005  
(405) 247-2448 Main Phone  
(405) 247-9393 Main Fax

## BROADBAND INTERNET SUBSIDY FORM

**Purpose:** To subsidize Broadband Internet Service for approximately 1,000 Delaware Nation households up to the 100% medium income level for two years. A \$65 monthly payment to Tribal households will be dispersed in a 6-month payment. With validation of 3 months of paid internet bills, an additional 18-month payment can be issued to the same household.

**Citizen Information:** *(if the qualifying enrolled Delaware Tribal Citizen in your home is a minor child you must complete both Section 1-A and Section 1-B)*

### Section 1-A: Adult Bill Holder

First Name	
Last Name	
Delaware Nation Enrollment #	
Street Address	
City, State & Zip Code	
Contact Phone Number	
Number in Household	

### Section 1-B Qualifying enrolled Minor citizen (if applicable)

Name of Enrolled Minor Child (first & last)	
Enrollment # of child	
Name of Child's Legal Parent or Guardian in residence	

Yes, I currently have a Broadband Internet Provider and Account. If yes, fill out information below.

**Broadband Internet Provider Information:**

Company Name	
Account #	
Account Holder Name	

**Household Income Information:**

100% Medium Income Limits								
Medium Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
100%	63,000	72,000	81,000	90,000	97,000	104,000	111,600	118,800

Applicant must submit all household income for verification (**Wages for all adults living in your household, SSD, SSI, VA, Annuity, Pensions, DHS (TANF), Child Support, Self-Employment, Unemployment**)

Household Income		
Name of Income Provider	Type of Income	Monthly Amount
<b>Total Household Income Per Month</b>		\$

**If no income is reported**, please state how you have maintained your residence, paid utilities and purchased food for the last 6 months. **(If this section is not answered, your application will be denied.)**

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**Documentation to include with application:**

- Copy of Tribal Card/CDIB
- Income Verification Documents
- Current Internet Service Bill; please note Delaware Nation tribal citizen name is required to be on the internet bill provided with this application, except for minor citizen situations- see Affidavit on last page

Please return all Broadband Internet Subsidy application and documents by email to [ismith@delawarenation-nsn.gov](mailto:ismith@delawarenation-nsn.gov).

**Self-Certification:**

- All information and documentation submitted is a true representation of my household's status*
- I hereby give Delaware Nation permission to verify all information contained in this application for approval*
- I have not applied and/or received internet subsidy payment from any other Federal, State or Tribal agency*
- I understand that I am required to update my application whenever any determining factor of eligibility changes*
- I also, certify that I will provide confirmation of paid service when requested*
- This internet service is utilized by an Enrolled Delaware Nation Tribal Citizen*

*By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.*

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**Delaware Nation Citizen Signature**

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**Date**

# AFFIDAVIT REGARDING MINOR CHILD

Printed Legal First and Last Name of Adult: \_\_\_\_\_

Internet Service Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that the internet service in my home is billed in my name and that an enrolled Delaware Nation Tribal Citizen (ages 0 – 18 years) resides in the same location and utilizes this internet service.

Legal Name Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTARY:

*State of* \_\_\_\_\_ *County of* \_\_\_\_\_

*The foregoing instrument was acknowledged before me*

*This* \_\_\_\_\_ *day of* \_\_\_\_\_, 20 \_\_\_\_\_

*By* \_\_\_\_\_

*My Commission Expires* \_\_\_\_\_