



Delaware Nation Self-Governance American Rescue Plan Act

Heating/Air Unit Repair or Replacement Assistance

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This Self-Governance ARPA Program is a **one-time submission** to provide nation-wide tribal housing improvement for Heating/Air Unit repair or replacement **up to \$5,000.00 while funding is available.**
- **APPLICATION PROCESS:** Eligible tribal citizens 18 years and over who have proof of home ownership for their primary residence must complete the attached application to qualify for this assistance. If proof of home ownership 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. Proof of Homeownership (i.e., deed, title status report, legal document showing life time use)
 3. A current utility bill in the tribal citizen's name with the home's address
 4. One Invoice or one quote from a licensed HVAC vendor for amount of repair or replacement
- **START & DEADLINE DATES:** This funding will be provided from June 1, 2021 and will remain open until funding is expended.
- **QUOTES:** Quotes for new units or repairs totaling more than the \$5,000.00 limit will require the tribal citizen to pay the overage prior to Delaware Nation's payment.
- **REIMBURSEMENTS:** Reimbursements for purchases from June 1, 2021 will be accepted with appropriate documentation (**an invoice showing paid-in-full**).
- **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: housing@delawarenation-nsn.gov (**Please submit to this email only**)
Fax: **405 247-2221**
Mail: **Delaware Nation
Housing
904 West Petree Road
Anadarko, OK 73005**



Delaware Nation

Self-Governance American Rescue Plan Act

Heating/Air Unit Repair or Replacement Assistance

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.

Please check here if 18 or older and have submitted a request for direct deposit and payment is not being made directly to vendor.

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.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Approved By: _____ Date: _____

Approved Vendor: _____

Vendor Address: _____

Check Number: _____ Date Check Mailed: _____