

# Delaware Nation Housing

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

## Tribal Rental Assistance Program Guidelines

The purpose of the Delaware Nation Tribal Rental Assistance Program is to provide assistance to low-income Native American families trying to obtain suitable rental housing in the private sector. The Rental Assistance Program will provide a forgivable loan up to \$1,000.00 to eligible low-income enrolled tribal members to defray the cost of move-in expenses. In order to be eligible, applicants must:

- A. Have completed application
- B. Reside or propose to reside within area of operations; if participant is a Delaware tribal member this program is covered state wide
- C. Be classified as a low-income Native American family according to the United States Median Income Guidelines, see chart below. (preference will be given to enrolled Delaware tribal members, but this program will operate as a “first come, first served” program)
- D. Be willing to sign a promissory note for the amount of the loan
- E. Must have a minimum annual income of \$15,600 (minimum wages)
- F. Applicant must not already reside within the proposed unit for which they are applying for assistance.**

% 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

**The Delaware Nation Housing will not write checks directly to the participant, but rather to the vendors to which the expense will be paid. You must provide the name, address, and contact information for all vendors that you wish to utilize.**

Eligible Activities for this program shall include:

- A. First month residential rental payment
- B. Additional up-front residential rental payment required by property owner
- C. Security Deposit for residential rental property
- D. Utility deposits for initial utility services (includes electricity, water, sewage, and/or garbage)
- E. Natural Gas deposits for initial services

Ineligible Activities for this program shall include:

- A. Residential rental payments that are not required for move-in (on-going monthly payments)
- B. Past due residential rental payments (even if required for move in)
- C. Past due utility or natural gas payments (even if required for service)
- D. Telephone deposits
- E. Cable television deposits

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## Application Checklist:

Applicants must complete a Residential Rental Assistance application. The application packet and other submissions consist of the following:

1. Application.
2. Tribal enrollment documentation for members in the household. If enrolled with Delaware Nation and you do not have your card available, Housing staff can verify enrollment with the Enrollment department.
3. Copy of Birth Certificate for primary applicant. If not available at the time, Housing may accept valid state identification card.
4. Copy of Social Security Card for primary applicant.
5. Income verification from all sources of income for members living in home.
6. Landlord Good Faith estimate: To be **completed and signed by landlord.**
7. Move-in expense sheet: Including addresses and phone numbers for all vendors listed. **If requesting assistance with utility/gas deposit you must acquire an account number and provide documentation from the company before Housing can have payment applied to account.**



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**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: \_\_\_\_\_

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## Application for Residential Rental Assistance

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

List individuals who will reside in the rental property:

Name	Relation to client	Date of Birth	Social Security	Enrolled Tribe

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

List Monthly Income of all household members:

Name	Monthly Income amount	Source

List Net Family Asset: (example: checking/ savings accounts; lease/royalties; stocks; bonds; etc.)

Type of Asset	Estimated Value

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Proposed Address: (physical Address and mailing address of the rental property you are pursuing)

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

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

Name and Address of Proposed Landlord

Name: \_\_\_\_\_ Owner or Manager

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

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

Contact Phone: \_\_\_\_\_

Have you or any person listed as a family member received housing assistance from the Delaware Nation Housing Program before? If yes, when? \_\_\_\_\_

## 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 mis-representations 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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## Move-In Expense Budget

Expenses	Vendor Name & Address	Amount Approved <span style="color: red; font-weight: bold;">(SHADED AREA FOR OFFICE USE ONLY)</span>
First Months' Rent     \$ _____  Additional Rent Required                     \$ _____  Security Deposit             \$ _____		First Months' Rent     \$ _____  Additional Rent Required                     \$ _____  Security Deposit             \$ _____
Utility Deposit             \$ _____  Additional Fees             \$ _____  Utility Deposit             \$ _____  Additional Fees             \$ _____		Utility Deposit             \$ _____  Additional Fees             \$ _____  Utility Deposit             \$ _____  Additional Fees             \$ _____
PARTICIPANT RESPONSIBILITY     \$ _____	Documentation Attached _____  Verbal Verification _____ _____	DELAWARE NATION NOT TO EXCEED     \$ <u>1000.00</u>
Total Move-In Expenses                     \$ _____	Approved By: _____  Denied By: _____	Total Amount Approved                     \$ _____

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

