



## Delaware Nation

# Self-Governance American Rescue Plan Act

## Emergency Household Water and Wastewater Needs Program

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This Self-Governance ARPA Program is a **nation-wide** assistance for water/sewer services in need of repair, reconnection, new services, or past due balance at risk for disconnection. This is a **one-time assistance up to \$500.00 which can include reconnect fees and late charges.** This program will be available **until funding is expended.**
- **START & DEADLINE DATES:** This funding will be provided from **January 3, 2022** and will remain open until funding is expended.
- **APPLICATION PROCESS:**  
Eligible tribal citizens must provide proof of primary residence and complete the attached application to qualify for this assistance. If proof of primary residency 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. A delinquent water/sewer utility bill indicating a cut-off notice or that service has been interrupted due to nonpayment or invoice showing cost of repairs to home water/sewer system. If applying for reimbursement a receipt must be included.
  3. To prove primary residency, the bill must be in the tribal citizen's name with the home's address.
- **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: [socialservices@delawarenation-nsn.gov](mailto:socialservices@delawarenation-nsn.gov) (Please submit to this email only)  
Fax: **405 247-5942**  
Mail: **Delaware Nation  
Social Services  
P.O. Box 825  
Anadarko, OK 73005**

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## Self-Governance American Rescue Plan Act

### Reestablish Water/Sewer Program

**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
- ☐ Needed to meet sanitation needs 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:

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