



Delaware Nation CHR

DELAWARE NATION – SEPTIC SYSTEM ASSISTANCE APPLICATION

Operations & Maintenance (O&M) Title I Contract

Cleaning/Repairing Assistance

Maximum Assistance: **\$500 per Household**

APPLICANT INFORMATION

Applicant Name: _____

Roll Number & Tribal Affiliation: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Physical Address:

Street: _____

City: _____ State: ____ Zip: _____

County of Residence (must be within service area):

Caddo | Kiowa | Grady | Comanche | Stephens | Jefferson | Cotton | Tillman | Jackson
| Harmon

Proof of Primary Residency Attached:

Utility Bill Mortgage Other: _____

Proof of Home Ownership Attached:

Deed or Title Mortgage Statement (current) Property tax statement or receipt Other: _____

SEPTIC SYSTEM INFORMATION:

Type of Assistance Requested:

Septic Tank Pumping/Cleaning

Septic Tank Repair

Describe the current issue with your septic system:

CONTRACTOR ESTIMATE:

A written estimate from a licensed septic contractor is REQUIRED.

Contractor Name: _____

Contractor Phone: _____

Estimated Total Cost: \$_____

REQUIRED DOCUMENTS CHECKLIST:

Completed Application

Proof of Primary Residence

Proof of Home Ownership

Tribal ID

State Issued ID

Contractor Estimate

APPLICANT CERTIFICATION:

I certify that the information provided is true and correct. I understand that completing this application does not guarantee assistance. I also understand that Delaware Nation is not responsible for workmanship, accidents, injuries, or property damage related to contractor services.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY – DELAWARE NATION STAFF

Application Received By: _____ Date: _____

Documentation Complete: Yes No

Approved: Yes No

Reason if Denied: _____

Approved Assistance Amount: \$ _____

Budget Line: O&M Title I Contract

Program Staff Signature: _____ Date: _____

Program Director Signature: _____ Date: _____