



# Delaware Nation

## General Welfare Homeowner Assistance Fund (HAF) Program

- PURPOSE AND AMOUNT OF ASSISTANCE:** This nationwide one-time application per household will pay up to \$1,500 for eligible tribal citizens who own their homes to assist with home mortgage payment and up to \$500 for electric, natural gas, propane, and/or water/sewer/trash utility bills. The table below indicates the 2025 HUD 100% National median income guideline that is used to determine eligibility for this program.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$72,940	\$83,360	\$93,780	\$104,200	\$112,536	\$120,872	\$129,208	\$137,544

- APPLICATION PROCESS:**  
 Eligible tribal citizens 18 years of age and older who have proof of owning their primary home residence must complete the attached application to qualify for this assistance. If proof of homeownership 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:
  - Copy of CDIB card
  - Copy of household income (wage statements, check stubs, etc.) for all adults in the household
  - Proof of Homeownership (i.e., mortgage statement or property tax bill with the tribal citizen's name)
  - For Mortgage assistance provide a current mortgage bill in the tribal citizen's name matching the home's address listed. Primary residence only.
  - For Utility assistance provide your current utility bill or bills in the tribal citizen's name matching the home's address listed on lease (i.e. electric, gas, propane, water/sewer/trash). Primary residence only. Internet and cellular bills are NOT eligible for assistance.
  - In cases where the Tribal Citizen's Spouse's name is the only name listed on the Mortgage bill and the Tribal Citizen's name is listed on the Property Deed, then a Marriage Certificate shall be submitted.
  - Utility Bills must be in the Tribal Citizen's name.
- START & DEADLINE DATES:** This funding will be provided from April 1, 2024 and will remain open until funding is expended.
- REIMBURSEMENTS:** **No reimbursements will be paid.** Payments will be made to mortgage and utility companies only.
- APPLICATION SUBMISSION:** Applications can be obtained on the Delaware Nation website or by calling 405-480-2220. The tribal citizen's application with documentation may be submitted through one of the following:

Email: [DNHD@delawarenation-nsn.gov](mailto:DNHD@delawarenation-nsn.gov) (Please submit to this email only)

Fax: 405-320-9769

Mail: **Delaware Nation Housing**  
**904 West Petree Road**  
**Anadarko, OK 73005**

**Delaware Nation**  
**General Welfare Homeowner Assistance Fund (HAF)**  
**Program**



**APPLICATION:** Please print the information below.

**Citizen Roll #:** \_\_\_\_\_ **Last 4 of citizen SS #:** \_\_\_\_\_

**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 the recession caused by the pandemic.
- Unemployed and/or currently looking for employment due to recession caused by the pandemic.
- Higher cost of living due to the recession caused by the pandemic.

**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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**For Office Use Only:**

Approved By: _____	Date: _____
Approved Vendor(s): _____	
Check Number: _____	Date Check Mailed: _____
Check Number: _____	Date Check Mailed: _____
Check Number: _____	Date Check Mailed: _____