

Delaware Nation
General Welfare
Natural Disaster Assistance Program
Calendar Funding Period: January through December

- **PURPOSE AND AMOUNT OF ASSISTANCE:** The General Welfare Natural Disaster Assistance Program is a **one-time submission per Tribal Household per calendar year** to provide nation-wide assistance to enrolled Delaware Nation Citizens whose primary residence has been impacted by a natural disaster in the amount of **\$5,000.00 per Tribal Household while funding remains available**. The natural disaster must have occurred during the calendar year the applicant is requesting funds.
- **APPLICATION PROCESS:**

Eligible tribal citizens 18 years and over must complete the attached application to qualify for this assistance. Non-Delaware Nation citizens may apply if they have an enrolled Delaware Nation minor citizen in the home, however proof of full custody (i.e. court documents) will be required. An incomplete application will not be eligible for assistance, **no exceptions**. Once the application and required documents are received Delaware Nation will begin the process to determine eligibility.
- **REQUIRED DOCUMENTATION FOR PROCESSING:**

A **completed application** with the following documentation must be submitted:

 1. Personal Identification (Please provide two of the following):
 - Copy of Tribal Citizen's CDIB card if not available, applicant may just submit roll number.
 - An issued state identification card for the Tribal Citizen (i.e. driver's license)
 - Copy of Tribal Citizen's Birth Certificate.
 2. Proof of Primary Residence affected by a natural disaster:

Homeowner:

 - A mortgage or title deed with physical address listed.
 - A current utility bill with Tribal citizen's name and physical address listed.
 - Picture of damage sustained from natural disaster with one showing the location of the primary residence (i.e., house numbers).
 - Any quote for repairs that have been obtained. (This does not serve as proof of address this is a required document.)
 - An insurance claim submitted, if applicable, must include a breakdown of costs (i.e., explanation of benefits of building actual cash value cost)
 - If an insurance claim is not applicable the Tribal Citizen will be responsible for providing 3 Bids from vendors of their choice.

Renter:



Delaware Nation

- A copy of your lease agreement with Tribal citizen's name and physical address listed.
- A statement or affidavit from the owner of the rental.
- Pictures of damages to the primary residence.
- A utility bill with Tribal Citizen's name and physical address listed.

3. Proof of natural disaster:

- The type of natural disaster experienced.
- The date/time of the event.
 - Damages must have occurred during the calendar year funds are requested.

4. Proof of all Tribal Citizens living in the primary residence:

- First and last name of each individual
- Delaware Nation Tribal Roll Number
- A copy of each family member's social security card.

- **START & DEADLINE DATES:** Funding is available each calendar year beginning January 1st and will remain open until funding is expended.
- **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 (Please submit to this email only)

Fax: **405-320-9769**

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

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APPLICATION: Please print the information below.

Citizen Roll #: _____

Name: _____

Mailing Address: _____

City, State & Zip Code: _____

County or Parish: _____

Contact Number: _____

Alternate Contact Number: _____

Email Address: _____

List other Delaware Nation Citizens residing at your primary residence:

Name: _____ Roll # _____

Name: _____ Roll # _____

Name: _____ Roll # _____

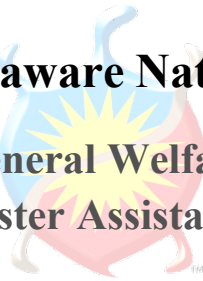
Name: _____ Roll # _____

Self-Certification:

Please briefly explain how you have been impacted by the natural disaster:

(Please write on the back if more room is needed. If more information is needed, we will call or email you.)

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

Certification

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: _____