Delaware Nation
904 W. PETREE RD.
ANADARKO, OK 73005
405 / 480-2220
Fax: 405 / 480-2221

GENERAL WELFARE ELDER EMERGENCY REPAIR PROGRAM

In order to request General Welfare Elder Emergency Repair Services, participants should contact the DNHD office. We will take a short description of the repair needed, the tribal member's name, address, and directions to your home. The DNHD staff will contact the Delaware Nation Enrollment Office to verify enrollment status and address and will verify the ownership of the home.

This program is funded by the Delaware Nation Tax Commission through an annual allocation of funds and is offered as long as funds are available. Damage caused by lack of maintence by the homeowner will not be eligible for emergency repair assistance.

Please feel free to contact the DNHD office with your housing needs/requests at 405-480-2220.

Emergency Repair Guidelines and Eligibility Requirements

1. Must submit a completed application with ALL required supporting documents. Incomplete applications will not be processed. (Please see check list on page 3).

2. Applicant must be an enrolled Delaware Nation Elder that is 60 years or older OR must be an enrolled Delaware Nation citizen who can provide proof of handicap or disability from a medical physician.

3. Must show proof of homeownership of a minimum of three years. Delaware Nation Housing will only except a deed/title that has the primary applicant listed at the owner. Delaware Nation Housing may except a title status report from the Bureau of Indian Affairs or court approved probate if the document shows clear proof that the applicant is the sole owner of the specified property for which repairs are needed. Delaware Nation Housing may also accept a certified legal document that gives the applicant lifetime use of the unit.

4. If homeowner is unable to provide sole ownership of the home and has been in the home for the minimum requirement of three years, DNHD will accept the Homeownership Affidavit that will include the following statement: **(Page 7)**
    - Name of citizen requesting services
    - How long the citizen has resided in the home
    - Listing all members of the household
    - Certification of primary residence
    - Acknowledgement of other HUD programs
    - Certification of under penalty of law

5. Must reside within the the following counties: Caddo, Cleveland, Canadian, Grady, McClain, and Oklahoma Counties.

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6. Must provide a current utility bill in the tribal citizens name for the address needing services. The unit for which assistance is being requested must be the primary residence of the applicant.

7. Eligible applicants who have homeowner insurance and are applying for assistance for repairs that would normally be insurable (i.e. roofs, flood damage, fire damage, etc.) shall be required to submit a claim to the insurance company. If the insurance claim is approved, Delaware Nation Housing may pay the deductible as long as it does not exceed the cap amount. If claim is denied the request for services will be reviewed further to determine eligibility.

8. Must meet the 80% United States National Median Income Limit Guidelines. Proof of income must be provided for all household members with submission of application (i.e., pay check stubs, social security, tax return, etc.).

2026 Median Family Income **$106,800**

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	$59,850	$68,400	$76,950	$85,450	$ 92,300	$ 99,150	$ 106,00	$112,800
100%	$74,760	$85,440	$96,120	$106,800	$115,344	$113,448	$123,888	$140,976

9. Assistance shall be limited to one occurrence per fiscal year, whether or not the repairs required the full cap amount.

10. Mobile homes will be reviewed on a case by case basis.

11. To qualify for a reimbursement the tribal citizen is subject to all eligibility requirements, must show proof of payment to a licensed/certified vendor, must be within the fiscal year applying for service, and the repair must be deemed as an emergency according to the General Welfare Elder Emergency Repair Program Policies.

12. All selected vendors must meet the Delaware Nation Policy requirements. This includes, but is not limited to, vendor and all staff performing repairs have approved background checks in compliance with P.L.101-630, submission of completed W-9, satisfactory rating with the Better Business Bureau and the System for Award Management.

13. If determined eligible, assistance may be provided in the amount up to but no more than $3,000.00. Any amounts that exceed the capped amount of $3,000.00 shall be the responsibility of the applicant and must be paid in full before Delaware Nation Housing will disburse funding.

14. Any application received where the Housing Department staff determines that damage was due to lack of maintenance by the homeowner, will not be eligible under this program.

***Due to limited funding, this program is a first come, first served basis.**

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Application Checklist

☐ Completed and signed application

☐ Tribal enrollment documentation for applicant/homeowner.

☐ Valid state identification card.

☐ Social Security Cards for each household member

☐ Proof of handicap or disability from a medical physician (if under the age of 60 years).

☐ Income verification from all sources of income for all members living in home.

☐ Quotes from three licensed and bonded vendors.

☐ Current utility bill in tribal citizens name.

☐ Proof of homeownership of a minimum of three years (see guidelines on pages 1-2).

☐ Proof of homeowner insurance, if applicable (see guidelines on pages 1-2).

☐ Affidavit of Homeownership, if applicable (see guidelines on pages 1-2)

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Application for General Welfare Elder Emergency Repair Assistance

Date:_____ Name of Applicant:_____

Contact Address:_____

City:_____ State:_____ Zip Code:_____

Contact Phone: (____)_____ Alternate Contact #: (_____)_____

List all individuals who reside in the property:

Name	Relationship to Applicant	Date of Birth	Social Security #	Enrolled Tribe *If Delaware Roll #*

List Monthly Income of all household members:
Please submit all source of income ~ SS, TANF, Retirement, IIM, unemployment, ect…

Name	WAGES SALARIES ETC…	SSI/SSD PENSION/ RETIREMENT	TANF DHS	CHILD SUPPORT/ ALIMONY	OTHER	TOTAL ANNUAL INCOME
Explain Other Income Source:						

FOR ALL PERSONS LISTED ABOVE, PLEASE ATTACH COPIES OF TRIBAL ENROLLMENT DOCUMENTS (if applicable).

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Description of Problem:

Physical Address and Mailing Address of the property you are pursuing emergency assistance with:

Mailing Address: _____

Physical Address: _____

Have you (or any person listed as a member of the household) received ***EMERGENCY ASSISTANCE*** from the Delaware Nation Housing.

□ No □ Yes If yes, when? _____

Do you currently have homeowner's insurance? □ No □ Yes

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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 Tribal Member	Date	Signature Spouse	Date

□**APPROVED** □**DENIED**

Comments:

HOUSING DIRECTOR

General Welfare Elder Emergency Repair Program
Affidavit

State of _____}

County of _____ }

_____, being duly sworn deposes and states as follows under penalty of perjury:
First, Last Name

1. My name is _____, I am a Delaware Nation Tribal Citizen whose enrollment number is: _____. My current primary address is _____. I have resided in this home for _____ months and _____ years.

2. The following people live at the above address with me:
(Please print)

First Name	Last Name

3. The purpose of this Affidavit is to certify that I have resided in the above-stated address as a homeowner, nor am I able to obtain proper documentation for sole ownership. This is my primary residence.
4. I understand that this affidavit **does not** make me eligible for any of the Housing HUD programs that have different guidelines that must be followed.

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 Date

_____
Signature of Notarial Officer Date

_____
Printed or typed name of Notarial Officer

_____
Title (and Rank)

My Commission Expires: _____

My Commission #_____

General Welfare Elder Emergency Repair Program
Services include the following counties:

- Caddo
- Canadian
- Oklahoma
- Cleveland
- McClain
- Grady