Delaware Nation

General Welfare Utility Assistance for Renters Program

- **PURPOSE AND AMOUNT OF ASSISTANCE:** This **nationwide one-time application per household** will pay **up to $350.00 (while funding is available)** to eligible tribal citizens who rent assist with electric, natural gas, propane, and/or water/sewer/trash utility bills.

- **APPLICATION PROCESS:**
  Eligible tribal citizens 18 years to 59 years of age who have proof of renting for their primary residence must complete the attached application to qualify for this assistance. If proof of renting cannot be provided, the applicant **will not** be eligible for the assistance, **no exceptions.** There must be a balance due on bill. Payments will not be made that will add a credit to the utility account.

- **REQUIRED DOCUMENTATION FOR PROCESSING:**
  A completed application with the following documentation:
  1. Copy of CDIB card
  2. Proof of Renting (i.e., lease with the tribal citizen's name)
  3. 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) **Internet and cellular bills are NOT eligible for assistance.**

- **START & DEADLINE DATES:** This funding will be provided from June 17th, 2023 and will remain open until funding is expended.

- **REIMBURSEMENTS:** **No reimbursements will be paid.** Payments will be made to 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: DNDH@delawarenation-nsn.gov **(Please submit to this email only)**
  Fax: **405-320-9769**
  Mail: **Delaware Nation Housing**
  904 West Petree Road
  Anadarko, OK 73005

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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 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: _____

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: _____