

| Date Received | In Office | Mailed | Approved/Denied |
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Delaware Tribe of Indians Disaster Relief Assistance

Tribal Member Name _____

Delaware Tribal Member Number _____ or Delaware Tribal Housing Tenant Y / N

Phone Number (_____) _____

Address _____

City: _____ State: _____ Zip Code: _____

Date of the event or storm causing the damage. _____

Eligible Zip Codes include 74017 74018 74019

Statement of the damage/need:

Signature of Tribal Member

Date

***Please attach a copy of the member's utility bill.**

***Please attach a copy of your membership card. Please see enrollment if you do not have your card.**

***Application must be received by no later than June 7,2024.**

***One application per household.**

***Program assistance not to exceed \$500.00.**

Please email application to enrollment@delawaretribe.org or mail to 5100 Tuxedo Blvd., Bartlesville, OK 74006.