



**Delaware Tribe of Indians
5100 Tuxedo Blvd
Bartlesville, OK 74006
Phone 918-337-6572 Fax 918-337-6591**

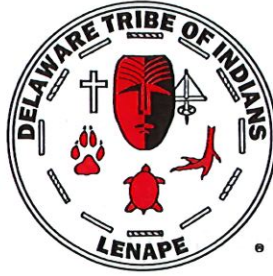
**STATEMENT OF ATTESTATION:
Emergency Rental Assistance**

I, _____, do hereby certify and attest that all of the information contained in my application and otherwise provided to the DTI is true and accurate to the best of my knowledge and I have not received any duplicative Emergency Rental Assistance from the Delaware Tribe, any other Tribe or any other organization.

Attested by:

Signature

Date



DELAWARE TRIBE OF INDIANS
5100 Tuxedo Blvd, Bartlesville, OK 74006
Phone: 918-337-6590 FAX: 918-337-6591

U.S. TREASURY EMERGENCY RENTAL ASSISTANCE PROGRAM (ERA)

The DTI's U.S. Treasury Emergency Rental Assistance (ERA) Program is designed to assist low-income Native American households/families with emergency rental and housing related assistance. Assistance may include deposit and/or monthly rent, rent arrearage, rent charges for manufactured housing, utility charges, utility arrearage and home energy costs, but **DOES NOT** include mortgage assistance, repairs or installation of items for the unit. **Current residents of DTI affordable housing may be eligible for this assistance. The ERA program is available nationwide.**

This program is limited to three months of assistance and is only to be provided during the COVID-19 pandemic emergency and is provided on an urgent basis to eligible applicants. This assistance can only be provided to those families who have not yet received any similar assistance from the Delaware Tribe or other source. For each application, the term of the assistance for rent, utilities and related charges shall not exceed three months. After the period of three months from the date of award, the applicant may re-apply for additional assistance subject to funding availability and time constraints. The Delaware Tribe reserves the right to recapture or award a lesser amount in such cases.

This program has special eligibility requirements as follows. The household/applicant must be obligated to pay rent on a residential dwelling unit. The DTI must determine that: one (1) or more household members has qualified for unemployment benefits or experienced a reduced income, incurred significant costs or experienced other financial hardship, directly or indirectly due to COVID-19; one (1) or more household members can demonstrate a risk of experiencing homelessness or housing instability; and the household has an annual income at or below 80% of the area median income. The Delaware Tribe reserves the right to make a determination of an applicant's eligibility based upon the application and documentation provided.

80% of Area Median Income by County-Service Area

	1	2	3	4	5	6	7	8
Craig County	\$32,050	\$36,600	\$41,200	\$45,750	\$49,450	\$53,100	\$56,750	\$60,400
Nowata County	\$32,050	\$36,600	\$41,200	\$45,750	\$49,450	\$53,100	\$56,750	\$60,400
Rogers Co-Tulsa	\$38,450	\$43,950	\$49,450	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500
Washington County	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300	\$69,500

INSTRUCTIONS: Please read carefully and submit a completed application with all required documentation.

Incomplete applications will not be processed. Due to the flexibility of the program, applicants must submit documentation specifically related to their request for assistance. Applications may be submitted online with electronic documentation with some sections completed verbally over the telephone.

1. Verification of Tribal enrollment with a federally recognized tribe for Head of Household **OR** Spouse, CDIB card, Tribal ID **OR** official correspondence from the Tribal enrollment office **OR** Bureau of Indian Affairs are all acceptable forms of documentation.
2. Identification for everyone listed on the application. Choose one from this list: Driver's License **OR** State Identification Card **OR** Birth Certificate **OR** Tribal ID Cards **OR** CDIB. Name changes may be documented by birth certificates, marriage certificates or divorce decrees.
3. Social security card or numbers for everyone listed on the application.
4. Income verification for everyone 18 yrs of age or older. Third party verification is preferred on the form provided. Check stubs, payment statements, prior year tax returns may also be used, and a transaction report from BIA for last 12 months if you own trust/restricted property. If paper copies are not readily available, a self-certification form may be used or verbal self-certification may be provided over the telephone or through email. All verbal forms of income verification must be followed up with a written attestation prior to award and payment.
5. Copy of marriage license (if applicable).
6. Copy of dwelling lease/rental agreement (which states the monthly rent amount) that is compliant with the Oklahoma Landlord-Tenant Act, or similar statute
7. Documentation from a utility company, cooperative, vendor or municipality with the amount due. Copies of recent utility bills. The DTI shall pay a pre-determined amount for a utility allowance but the applicant must submit proof of utility services and information needed for processing payment to the utility service provider. This documentation may be provided over the phone with a receipt to follow upon payment. All verbal verification must be followed up with a written attestation. The DTI shall make an ERA payment of a standard utility allowance based upon the number of bedrooms in the unit for anticipated utility charges for three months.
8. Documentation of unemployment benefits received (if applicable).
9. Documentation of reduced household income, incurred significant costs, or other financial hardship caused directly or indirectly by COVID-19 (if applicable). If no documentation exists, the applicant must certify to these one of these conditions being met in order to be determined eligible.
10. Evidence to demonstrate that one (1) or more household members is "at risk" of experiencing homelessness or housing instability. Examples of acceptable evidence may include but is not limited to: eviction notices; past due statements; cut-off notices; unsafe or unhealthy living conditions such as overcrowded or sub-standard housing; medical bills or conditions limiting ability to work; or other occurrences related to the COVID-19 pandemic. If no documentation exists, the applicant must certify to these one of these conditions being met in order to be determined eligible.

11. Applicants shall provide a statement that you have not been awarded and received any other emergency rental or similar assistance during the COVID-19 pandemic from the DTI or other Tribe. This statement is included with the application.

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address if different from mailing address:

Daytime Phone: _____ Alt. Phone and/or email: _____

1. Are you living in a Delaware or other Indian/Tribal housing authority/entity home? ____ YES ____ NO If YES, List entity: _____
2. Are all household members U.S. citizens? ____ YES ____ NO If NO, please explain and provide U.S. Immigration Service Form (aka Green Card): _____
3. What types of assistance are you requesting? Check the applicable box(es) and provide name, address, & Phone # of landlord or company for which payment will be directed.
- ☐ Rent/Deposit – Please enter the monthly rent amount: _____
- ☐ Rent Arrearage – Please enter the total amount past due up to three months: _____
- ☐ Utility Charges – Please enter the current monthly charge: _____
- ☐ Utility Arrearage – Please enter the total amount past due up to three months: _____
- ☐ OTHER – Please enter the type and amount owed or paid for other eligible related costs: _____
4. What is the “LEGAL DESCRIPTION” or “ADDRESS” to the unit you are renting or intend to rent? You should be able to obtain the legal description from the landlord. The DTI needs this info to determine the true ownership of the dwelling unit.

5. Number of Bedrooms: _____

6. Household Composition, Persons who live in your home (include yourself). Social Security number is required for all family members.

#	Name & Social Security #	Tribe	Relationship	DOB & M or F
1			Self, Hd of Hshld	
2				
3				
4				
5				
6				

7. Family Income Verification (List income in a, b or c below for each person living in your home 18 yrs or over). Please enter N/A over those sections that do not apply.

a. Income from employment

Mbr #	Employer Name(s) & Address	Rate Per Hour	<u>Rate per Wk</u>	Total Per Year
1.		\$		
2.		\$		
3.		\$		
4.		\$		

- b. Other Income: Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list Stimulus payments or income that cannot be anticipated with certainty.

Source	Rate Per Month	Total Per Year
TANF	\$	\$
Social Security/SSI	\$	\$
Child Support	\$	\$
Unemployment	\$	\$
Pensions	\$	\$
Leases	\$	\$
Own Business	\$	\$
Other	\$	\$

- c. Assets such as a home cash, savings account, trust account, rental property, securities, stocks etc., and retirement, pensions, inheritances, personal investment property, guardian/power of attorney income and any other income:

Source	Value	Total Per Year
Pensions	\$	\$
Leases	\$	\$
Own Business	\$	\$
Home	\$	\$
Other	\$	\$

- d. For those household members (18 years and above) who do not have any source of income, please list them and have them sign below:

I hereby certify that I have no (zero) income as of the date identified below.

Name	Signature	Date

8. **Statement and attestation of the Applicant:** Please read the following statements and mark any or all that are applicable. Eligibility requires the applicant to be able to answer "Yes" to (A) and, (B or C), and (D) to qualify. These statements are a part of the eligibility requirements that have been set forth by the U.S. Department of the Treasury. **As the head of household and primary applicant, I attest that:**
- A ____ **YES**, the household/applicant is obligated to pay rent on a residential dwelling unit.
- B ____ **YES**, the household/applicant has one or more household members that have qualified for unemployment benefits.
- C ____ **YES**, the household/applicant has one or more household members that have experienced a reduction in income, incurred significant costs, or experienced financial hardship caused directly or indirectly by the COVID-19 pandemic.
- D ____ **YES**, the household/applicant has one or more household members that are at risk of experiencing homelessness or housing instability. Examples include past due rent or utilities or unhealthy living conditions.
9. **Signature and Consent to Release Information:** I understand that this application is not a contract and is not binding in any manner. I hereby authorize the DTI to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand by signing below, I hereby certify that all information contained herein is accurate to the best of my knowledge and I understand that knowingly providing false information is grounds for denial and/or termination of assistance and punishable by fine and imprisonment.

Signature of Applicant/Head

Date

ELIGIBILITY DETERMINATION (DTI Use Only)

Date and time **COMPLETED** application received by DTI: _____

Signature and Title of DTI employee receiving **COMPLETED** application:

Based upon the completed application and supporting documentation, and all applicable requirements, the applicant _____ is determined to be:

☐ Eligible ☐ Not Eligible: If not eligible, state reason:

Signature, title and date for
person certifying eligibility:



Delaware Tribe Housing Program
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Phone 918-337-6572 Fax 918-337-6591

FAIR MARKET RENTS
Emergency Rental Assistance Program

FMRs by County-Service Area- by # of bedrooms

	0	1	2	3	4
Craig County	\$537	\$590	\$747	\$976	\$1,013
Nowata County	\$554	\$558	\$735	\$924	\$1,273
Rogers Co-Tulsa	\$607	\$697	\$896	\$1,187	\$1,381
Washington County	\$612	\$639	\$728	\$1,017	\$1,194



Delaware Tribe Housing Program
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DETAILED INCOME GUIDELINES
Emergency Rental Assistance Program

% of Area Median Income for Craig County, OK

	1	2	3	4	5	6	7	8
50% of Med Income	\$20,050	\$22,900	\$25,750	\$28,600	\$30,900	\$33,200	\$35,500	\$37,800
80% of Med Income	\$32,050	\$36,600	\$41,200	\$45,750	\$49,450	\$53,100	\$56,750	\$60,400

% of Area Median Income for Nowata County, OK

	1	2	3	4	5	6	7	8
50% of Med Income	\$20,050	\$22,900	\$25,750	\$28,600	\$30,900	\$33,200	\$35,500	\$37,800
80% of Med Income	\$32,050	\$36,600	\$41,200	\$45,750	\$49,450	\$53,100	\$56,750	\$60,400

% of Area Median Income for Rogers County - Tulsa, OK

	1	2	3	4	5	6	7	8
50% of Med Income	\$24,050	\$27,450	\$30,900	\$34,300	\$37,050	\$39,800	\$42,550	\$45,300
80% of Med Income	\$38,450	\$43,950	\$49,450	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500

% of Area Median Income for Washington County, OK

	1	2	3	4	5	6	7	8
50% of Med Income	\$23,050	\$26,350	\$29,650	\$32,900	\$35,550	\$38,200	\$40,800	\$43,450
80% of Med Income	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300	\$69,500

