



DELAWARE TRIBE OF INDIANS
5100 Tuxedo Blvd, Bartlesville, OK 74006
Phone: 918-337-6572 FAX: 918-337-6591

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

The DTIs' IHBG (Indian Housing Block Grant) COVID-19 Emergency Rental Housing Assistance Program is designed to assist low income Native American families with emergency rental housing related assistance. Assistance may include deposit and/or monthly rent, temporary lodging, lot/site rental for manufactured housing, and may also include utility charges, but **DOES NOT** include repairs or installation of items for the unit. **Current residents of DTI affordable housing are not eligible for this assistance.**

This program is limited to one-time assistance and is only to be provided during the COVID-19 pandemic emergency and is provided on an urgent basis and is temporary in nature and must be used in prevention, preparation and/or response to the COVID-19 pandemic.

This assistance can only be provided to those families who have not yet received any similar assistance from the Delaware Tribe or other source. Special exclusions or restrictions on units built prior to 1978 apply, due to lead-based paint requirements. In no such case shall the term of the assistance or lodging provided exceed 100 days regardless of whether or not the entire \$1,000 award has been exhausted. The Delaware Tribe reserves the right to recapture or award a lesser amount in such cases. If approved for assistance, the voucher will be mailed directly to the vendor, landlord or utility company.

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 are acceptable forms of income verification.
5. Copy of marriage license (if applicable).
6. Copy of dwelling lease/rental agreement that is compliant with the Oklahoma Landlord-Tenant Act, and/or documentation from a hotel/lodging establishment, utility company, cooperative or municipality with the amount due. This documentation may be provided over the phone with a receipt to follow upon payment.
7. **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.**



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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
2. If YES, List entity: _____
3. Are all household members U.S. citizens? ____ YES ____ NO If NO, please explain and provide U.S. Immigration Service Form (aka Green Card): _____
4. What is the purpose of your request for assistance? Check the applicable box(es) and provide name, address, & Phone # of landlord or company for which payment will be directed.

Rent/Deposit:

Temporary Hsg/Motel Lodging:

Lot or Site Rental:

Utility Charges:

OTHER:

4. What is the "LEGAL DESCRIPTION" or "ADDRESS" to the unit you are renting or intend to rent?

5. Year Rental Unit Home was built (if known): _____ & 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				
8				

7. Family Income Verification (List income in a. & b. below for each person living in your home 18 yrs or over.)

a. Income from employment

Mbr #	Employer Name(s) & Address	Rate Per Hour	Rate per <u>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 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	\$	\$

8. **Disclosure Statement of Applicant:** Please identify any of your immediate family members (or self) that currently serve in any of these capacities for the Delaware Tribe: Chief; Tribal Council; or Tribal Employee. An immediate family member includes: father; mother; son; daughter; husband; wife; spouse/partner; brother; sister. This disclosure applies to all household members listed on your application.

YES

NO, I do not have an immediate family member (or self) that serves the Delaware Tribe in one of the positions listed above. If YES, Give name and title of your immediate family member (or self) and his/her relation to you or your household member:

10. 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 Delaware Tribe of Indians to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Delaware Tribe if there is any change in my family status along with reporting any changes in income, living conditions and change of address prior to award or during the term of the assistance. 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 punishable by fine and imprisonment.

Signature

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:
