



APPLICATION FOR HOME AND HEALTHCARE ASSISTANCE

The Delaware Tribe of Indians is pleased to offer various programs for Tribal Citizens. Funded by the American Rescue Plan Act (ARPA), these programs are intended to provide economic relief for Delaware Tribal Citizens in response to the COVID-19 Pandemic. The following programs you may be eligible for are 1) *Home Repair Program* 2) *Homeowner Down Payment Assistance Program* or 3) *Healthcare and Long-Term COVID Recovery Program*. Each program has unique guidelines. For detailed information, please see below.

Home Repair Program: The Delaware Tribe of Indians has introduced the Home Repair Program to help Tribal Members ensure a healthy home environment. This program is open to all Tribal Members who need assistance with addressing home repair issues that could lead to health or other dangerous situations for the Tribal Member and their families.

The *maximum amount awarded will be \$30,000* per household to go toward safer living conditions—improvements may not be made purely for esthetic purposes.

There is not income limitation for this program, and all Delaware Tribal Members are encouraged to apply. However, special priority will be given to individuals at or below the Federal Poverty Guideline and with other qualifying factors (see below).

Homeowner Down-Payment Assistance Program: The Delaware Tribe of Indians is aware of the need for housing for its Tribal Members. In response to this shortage of homes, the Tribe is creating a down payment assistance program to remove the barrier between Delaware Tribal Members and home ownership. By assisting with closing costs, the Delaware Tribe aims to address the housing crisis and assist their Tribal Members in attaining adequate and affordable housing.

The Delaware Tribe will assist with *up to \$5,000* in assistance for closing costs on a new or refinance mortgage transaction. There is not income limitation for this program, and all Delaware Tribal Members are encouraged to apply. However, special priority will be given to individuals at or below the Federal Poverty Guideline and with other qualifying factors (see below).

Healthcare and Long-Term COVID Recovery Program: This program intended to provide economic relief to Delaware Tribal Members who are uninsured, underinsured, or need assistance paying medical bills as a result of a COVID-19 diagnosis. Some individuals who have contracted the COVID-19 virus have long-term health implications that require ongoing health treatments or the purchase of medical supplies. This program will help those individuals in payment of their medical bills.

There is not income limitation for this program, and all Delaware Tribal Members are encouraged to apply. However, special priority will be given to individuals at or below the Federal Poverty Guideline and with other qualifying factors (see below).

Applicant Personal and Contact Information

Applicant Full Name			
Date of Birth		Tribal Enrollment #	
Physical Address (Street, City, Zip)			
Mailing Address (Street, City, Zip)			
Phone Number		Email Address	
Marital Status <i>(Check one)</i>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other (explain)	Are you or your spouse a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Member Information:

(Please list all persons living in household on a permanent basis)

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment # (if applicable)	Does this person have a disease/disability?	Is this person insured?

Additional consideration will be given to households whose income is at or below 250% of the 2022 Federal Poverty Guidelines.

Persons in Household	Federal Poverty Guideline
1	\$33,975
2	\$45,775
3	\$57,575
4	\$69,375
5	\$81,175
6	\$92,975
7	\$104,775
8	\$116,575

☐ By checking this box, I certify that my household income is below or at 250% of the 2022 Federal Poverty Guideline based on my household size (income verification required)

Description of Assistance Requested

Please describe the nature of each program that you are applying for. This includes home repairs required, home purchase information, and outstanding medical bills.

Delaware Home and Healthcare Assistance Programs – Required Documents

Please select all COVID-19 related programs you are applying for:	Please attach the following supporting documentation associated with the program(s) you are applying for:
<input type="checkbox"/> Home Repair Program: Assistance with home repairs to make homes safe and habitable.	<input type="checkbox"/> Proof of Home Ownership <input type="checkbox"/> Quote of home repair cost from licensed and insured contractor
<input type="checkbox"/> Homeowner Down Payment Assistance: Assistance to cover closing costs so that Tribal Members may purchase homes.	<input type="checkbox"/> Copy closing statement from the title company for new or refinance mortgage transaction.
<input type="checkbox"/> Healthcare and Long-Term COVID Recovery Program: Assistance in affording medical bills for treatment or supplies in response to long-term COVID-19 health impacts.	<input type="checkbox"/> Letter from medical professional stating that health impacts are due to long-term COVID-19. <input type="checkbox"/> Copy of each medical bill that applicant wants Tribe to cover.
<i>In order to prioritize applicants, the Delaware Tribe is implementing an applicant ranking system (see below) that gives preference to the most vulnerable populations within the Tribe. If you identify as one of these groups, proof is required to document that status. Please use the following checklist to ensure that all additional supporting documentation is included with your application.</i>	
<input type="checkbox"/> If your household is at or below 250% of the 2021 Federal Poverty Guideline, please include income verification for all household members. <div style="margin-left: 40px;"><input type="checkbox"/> If you or a member of your household is a veteran, please provide proof of veteran status.</div> <input type="checkbox"/> If any member of your household has a disability or disease, please provide documentation of this diagnosis from a medical professional.	

Priority Ranking

Due to the limitation of funding, applications will be ranked according to the following point system:

Priority	Points
Fully Completed Applications	5
Low-Income Households (at or below 250% FPL)	4
Elder in Household	3
Veteran in Household	2
Disabled Individual in Household	1

Applicant Certification

I certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001. This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

Printed Name:	
Signature:	Date:

How to Submit this Application

Submit by Mail:

Delaware Tribe of Indians
ATT: ARPA
5100 Tuxedo Blvd
Bartlesville, OK 74006

Submit by email:

sboyd@delawaretribe.org

Make an Appointment to drop off in person:

Sarah Boyd ARPA Assistant Manager 918-337-3210

For Official Use Only	
Date received by the Tribe:	
Tribal enrollment verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Verified:
Home Repairs Program:	<input type="checkbox"/> Proof of Home Ownership <input type="checkbox"/> Quote from Contractor
Homeowner Down Payment Assistance:	<input type="checkbox"/> Copy of Closing Statements
Healthcare and Long-Term COVID-19 Recovery Program:	<input type="checkbox"/> Letter from Medical Doctor <input type="checkbox"/> Copy of all Medical Bills
Additional Documentation:	<input type="checkbox"/> Verified Veteran Status <input type="checkbox"/> Verified Low-Income Status <input type="checkbox"/> Verified Disease/Disability
Denied Program(s) and why:	
Approval/Denial Letter sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Mailed:	

