

DELAWARE TRIBE POWWOW GROUNDSKEEPER

The attached application must be filled out in ink and in its entirety. Answer all questions, sign where required and fill in all areas. DO NOT LEAVE BLANKS. If a question does not pertain to you place "NA" in the question space. Review your application for completeness before returning it to the Delaware Tribe of Indians, hereafter referred to as "DTI". Make sure you have filled in all required information such as social security numbers, birth dates. Addresses, phone numbers, amount of income, hourly wage, etc. This application contains two (2) parts: the Application and General Release of Information. Both parts must be returned to the DTI, along with a copy of Driver's License for Head of Household and Co-Head of Household.

*****A CRIMINAL BACKGROUND CHECK AND CREDIT CHECK WILL BE CONDUCTED BY THE DTI*****

The application MUST be completed entirely with all documentation attached in order for the DTI to determine your suitability to dwell in a DTI home and be the groundskeeper of the property.

YOUR RESPONSIBILITY

1. Update the application annually or as DTI see fit.
2. Notify the DTI of ANY changes in income, family composition and/or address every six (6) months.
3. Answer ALL correspondence from the DTI.

If you have any questions or require assistance completing your application feel free to contact the DTI offices. Please return this application in its entirety and all attachments to DTI.

Mail to:

Delaware Tribe of Indians
5100 Tuxedo Boulevard
Bartlesville, OK 74006
Phone: (918) 337-6590

GROUNDSKEEPER APPLICATION FORM

Name: _____ Home Phone #: _____

Address: _____ Cell Phone #: _____

City/St/Zip: _____ Work Phone #: _____

Email: _____

If you do not have a home or work number please give a number where the DTI can leave you a message and the name of the person to contact.

Contact Name: _____ Contact Number: _____

FAMILY COMPOSITION

List all persons residing in your home. If you need additional room to list family members, please attach a separate sheet to this application.

Legal Name of all Household Members	Relationship to Head	Sex	Birth Date	Place of Birth	Social Security Number	Driver's License Number
	Head					
	Co-Head					

TRIBAL AFFILIATION: Head: Delaware _____ Other _____
 Co-Head: Delaware _____ Other _____
 Dependents: Delaware _____ Other _____

MARITAL STATUS: _____ Married _____ Divorced _____ Single _____ Separated _____ Widow(er)
 _____ Domestic Partnership

LANDLORD INFORMATION

Please fill out all information in its entirety and correctly.

	Name	Mailing Address	Phone Number	How Long
Current				
Previous				

EMPLOYMENT INFORMATION

If self-employed you must attach a copy of your most recently filed income tax form-Schedule C

HEAD OF HOUSEHOLD	CO-HEAD
Employer	Employer
Address	Address
City/St/Zip	City/St/Zip
Employer Phone Number:	Employer Phone Number:
Employer Fax Number:	Employer Fax Number:
Are you: Full Time Part Time Permanent Temporary	Are you: Full Time Part Time Permanent Temporary

CRIMINAL HISTORY

If any member of your household has been charged of any offense this information MUST be reported. Misrepresentation of facts shall. E considered just cause for immediate termination of your assistance or immediate removal of your name from the waiting list(s).

HEAD OF HOUSEHOLD	CO-HEAD
Name:	Name:
Month and Year of Occurrence:	Month and Year of Occurrence:
Crime Committed:	Crime Committed:
Time Served:	Time Served:
If this person currently on parole/probation:	If this person currently on parole/probation:
City/State/County of Offense:	City/State/County of Offense:

NEAREST LIVING RELATIVE

Name:	Name:
Address:	Address:
City/St/Zip:	City/St/Zip:

Are you related to any current Tribal Employee or Council member? ____Yes ____No If yes, their name & their relationship to you _____

PLEASE READ THE STATEMENT BELOW AND SIGN WHERE REQUIRED.

This statement must be signed by all household members age 18 and older. Application will be DENIED if not submitted complete with all requested documentation.

I/We have answered every question and filled in all the requested information to the best of my/our ability. No fraudulent statements have been made and I/we have no objection to inquiries being made for the purpose of verification of statements made herein. I/WE UNDERSTAND THAT FALSE STATEMENTS ARE SUBJECT TO PROSECUTION AND OUR REJECTION OF MY APPLICATION.

I/We understand that I/we must update my/our application at least once a year and must notify the DELAWARE TRIBE OF INDIANS of any changes of address, income or family composition, and answer any correspondence that the DELAWARE TRIBE OF INDIANS sends to me/us.

Applicant's Signature Date Co-Head's Signature Date

Other Household Member over 18 Date Other Household Member over 18 Date

**WARNING: ANY FALSE OR MISLEADING INFORMATION WILL
RESULT WITH THE REJECTION OF YOUR APPLICATION.**

AUTHORIZATION FOR RELEASE OF INFORMATION CONSENT

I authorize and direct any Federal, State, or Local Agency, organization, business, or individual to release to the DELAWARE TRIBE OF INDIANS any information or materials needed to complete and verify my application for participation. I also consent for the DELAWARE TRIBE OF INDIANS to release from my files about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or DTI policies.

INFORMATION COVERED

I understand that, depending on policies and requirements, previous or current information regarding myself and/or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- | | |
|-------------------------------|---|
| Identity and Marital Status | Banking, Loans, Payment History |
| Employment, Income and Assets | Utility, Gas, Water, Electric Payment History |
| Residence and Rental Activity | Credit or Criminal Activity |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO SUPPLY INFORMATION

The groups or individuals that may be asked to release the above information include but not limited to:

- | | |
|--|-------------------------------------|
| Previous and Present Landlord(s) | Past and Present Employers |
| Courts and Post Offices | Law Enforcement Agencies |
| Social Security Administration | Retirement and Pension Agencies |
| Banks and Other Financial Institutions | Credit Providers and Credit Bureaus |
| Utility Companies | Department of Human Services |
| Other Housing Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the DTI and will stay in effect for a year and one month from the date signed. I understand I have the right to review any information received through the use of this release and correct any information that I can prove is incorrect.

_____	_____	_____
Head of Household	(Print Name)	Date

_____	_____	_____
Co-Head	(Print Name)	Date

_____	_____	_____
Other Adult Member	(Print Name)	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.