



**DELAWARE TRIBE OF INDIANS**

**Community Service Committee**

**5100 Tuxedo Blvd**

**Bartlesville, OK 74006**

**918-337-6590**

**RENTAL ASSISTANCE APPLICATION FORM**

Name: \_\_\_\_\_

First

Middle

Last

(Maiden)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Delaware Tribal Registration Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

**Rental Program:**

- ☐ Provide emergency rental assistance to Delaware Tribal members on a one time basis per calendar year. The amount of assistance that can be approved is limited up to \$400. Approval of application must be obtained prior to service payment. Payments are made to the vendor or provider of services. Eviction notice and/or other documentation must be submitted with the application. The Tribal member's name must be on the rental/lease contract.

**Required Documentation:**

- ✓ Copy of service provided billing/estimate or receipt. Provider name, address, phone, contact person and date of service **MUST** accompany the application.
- ✓ Copy of a photo ID (Driver's license, tribal photo ID) and Tribal enrollment card **MUST** accompany the application. Contact Enrollment Office for Cards.
- ✓ A short statement about situation for which assistance is requested.

***Incomplete applications are not considered ➤***

Approval of application must be obtained prior to the service payment.

➤ Non-Tribal members are not eligible for services.

Vendor/Provider Name *(To whom check should be issued)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*Applications are approved on a case by case basis. Emergency applications are considered as received. Any tribal member purposely attempting to defraud the committee will be ineligible for any community service program for a period of one (1) year. (Applications are subject to change)*

**Community Service Committee Use Only:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

## RENTAL ASSISTANCE APPLICATION FORM

**\*\* As of April 30, 2021, You will no longer need to provide Income Verification, such as a paycheck stub, for Community Services. \*\***

1. How many members are in the household \_\_\_\_\_
2. Total gross household income \_\_\_\_\_
3. List all sources of income \_\_\_\_\_

By signing this form, I acknowledge that the information I have provided is true and/or correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***Personal statement:***