



DELAWARE TRIBE OF INDIANS
Community Service Committee
5100 Tuxedo Blvd
Bartlesville, Ok 74006
918-337-6520

RENTAL ASSISTANCE APPLICATION FORM

Name: _____
First Middle Last (Maiden)

Address: _____

City: _____ State: _____ Zip Code: _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ Age: _____ Applicant 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 \$200. 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: _____

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) **Also, Verification of Income shall be required*

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied by: _____ Date: _____

Reason for Denial: _____

Revised: August 2015

Community Service Committee

Program Income Limits

*Applicants for all Community Service Programs must complete this form regarding income verification with the exception of Burial Assistance. Income verifications are required and **MUST** accompany the application in order for application to be considered. Include this form with completed program application. Please list all income in the household (1099, W-2, interest income, disability, social security, child support, unemployment, etc.)

Income limits for Community Services

1	2	3	4	5	6	7	8
\$36,848	\$42,112	\$47,376	\$52,640	\$56,851	\$61,062	\$65,274	\$69,485

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 know knowledge.

Signature of Applicant

Date