



SHAWNEE TRIBE HOUSING ASSISTANCE PROGRAMS

PO Box 189, Miami, OK 74354 + (918) 542-2441, ext. 105 or 135 + housing@shawnee-tribe.com

Safe in Wiikiwa Home Improvement Program

The Shawnee Tribe (Tribe) was awarded \$137,473 through the American Rescue Plan Act - Housing Improvement Program (HIP), administered through the Indian Self-Determination and Education Assistance Act, P.L. 93-638, 25 CFR Part 900. Through the HIP, the Tribe will assist eligible tribal citizens that have a disability through the program Safe in Wiikiwa (*Safe in the House*). The Safe in Wiikiwa program will allow tribal citizens to stay in their homes safely.

There are two categories of available assistance. Applicants may choose one of the following programs:

- **Fire-Safe Tribal Citizens Program:** This program provides a rechargeable fire extinguisher and combination smoke and carbon monoxide detectors for the home.
- **Safe at Home Ramp Program:** This program supports Shawnee citizens that need wheelchair ramps. The ramps are built following ADA guidelines and are safe, strong, and durable.

Eligibility:

To qualify for the Safe in Wiikiwa program, the applicant must be an enrolled citizen of the Shawnee Tribe. An eligible person may be a homeowner or renter. All Shawnee tribal members are eligible for the Fire-Safe Tribal Citizens Program. However, Safe at Home Ramp Program applicants must also demonstrate a medical condition to be eligible for services.

Application Requirements:

To apply for Shawnee's Safe in Wiikiwa program, applicants must submit all of the following documents:

1. Completed Safe in Wiikiwa Application Form
2. Proof of Shawnee Tribe Citizenship (current Shawnee Tribe ID or enrollment number)
3. Statement that the home is the tribal citizen's primary residence

In addition to the 3 documents listed above, Safe at Home Ramp Program applicants must also submit the following documents:

1. Proof of home ownership (i.e., mortgage deed) or a copy of the rental agreement with the applicant's name on the lease and consent and agreement by the homeowner.
2. Proof of Medical Condition (letter from a healthcare provider, such as Indian Health Service, a physician's certification, or similar determination).

There is no deadline for the application. Approved applications will be ranked according to a point system on a rolling basis (see below for details). Program assistance is dependent on funding availability.

If you have any questions, please contact the Shawnee Tribe Housing Programs office at (918) 542-2441 ext. 105 or 135 or email at housing@shawnee-tribe.com.

Processing Applications:

Applicants will be ranked according to their cumulative total priority points according to the following guidelines. In the case of a tie, the tiebreaker will be based on a first-come, first-serve basis.

Priority	Points
Fully Completed Application	5
Households that have a citizen with a disability <i>If a member of the household is disabled, 25 CFR 256.14 (b) (2) states that the member must fit under the established definition of "disabled". The proof of disability may include a letter from a health care provider, such as Indian Health Service, physician's certification, Social Security or Veterans Affairs determination or similar.</i>	4
Elders 60 and over	3
Veterans (Proof of Veteran Status Required)	2
Households With 4 or More People Residing in the Home	1



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Application Type

Select type of assistance for which you are applying:

- Fire Safe Tribal Citizens Program Safe at Home Ramp Program

Applicant Information

Applicant Full Name (First, Middle, Last)			
Date of Birth (MM/DD/YYYY)		Tribal Enrollment Number:	
Full Address (Street, City, ST, Zip)			
Phone Number		Do you own your home or rent?	
Email Address		Own <input type="checkbox"/> Rent <input type="checkbox"/>	
Alternate Phone/Email		Is this home your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SAFE AT HOME RAMP PROGRAM APPLICANTS:
If you are the homeowner, please provide a copy of the warranty deed or proof of tribal assignment. If your home is rented, please get written approval from landlord.

Family/Household Information

Please list all other persons living in the household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and enrollment information if applicable. If you need more space, please use a blank sheet of paper.

Full Name (First, Middle, Last)	Date of Birth MM/DD/YYYY	Relationship to Applicant	Enrolled Shawnee Tribe citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Does anyone in the household have a permanent disability? Yes No
If yes, provide the name of the family member and proof of condition.

Does anyone in the household have a medical condition that would be facilitated by accessibility modifications?
Yes No
If yes, provide the name of the family member and proof of condition.

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.

Applicant Name:

(please print)

Signature:

Date: