



Shawnee Tribe
Housing Department
 P.O Box 189 Miami, OK 74355
 Phone: 918-542-2441 Fax: 918-542-2922

NAHASDA EMERGENCY ASSISTANCE APPLICATION
ELIGIBILITY and CHECKLIST FORM

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO DETERMINE YOUR ELIGIBILITY FOR ASSISTANCE OFFERED BY THE SHAWNEE TRIBE’S HOUSING DEPARTMENT. (Housing Department staff please place 3or NA, as appropriate).

- _____ Tribal Enrollment Cards (in a federally-recognized tribe) or Certified Degree of Indian Blood Cards (CDIB) for **all** Indian persons in the household
- _____ Social Security Cards for **all** persons in the household
- _____ State Birth Certificate for **all** persons in the household
- _____ Income Verification – **Please Provide All That Apply** (pay check stubs or notarized Statement from employer; letter from State Employment Office if unemployed; Department of Human Services, VA, Social Security income; most recent Income Tax Return; proof of child support or alimony, etc.)
- _____ Proof of disability (if applicable)
- _____ Address of residence and contact information for landlord, mortgage company, and utility company or companies
- _____ ELIGIBILITY AND CHECKLIST FORM (1 pp)
- _____ AUTHORIZATION FOR RELEASE OF INFORMATION FORM (1pp)
- _____ ACCEPTANCE OF ASSISTANCE CONDITIONS FORM (2pp)
- _____ HOUSEHOLD COMPOSITION AND PAST PARTICIPATION FORM (1pp)
- _____ HOUSEHOLD INCOME FORM (1pp)

APPLICANTS MUST LIVE WITHIN 100 MILES OF MIAMI, OKLAHOMA – HOUSING DEPARTMENT STAFF WILL INSPECT RESIDENCE TO DETERMINE THAT IT MEETS HEALTH, SAFETY, AND ENVIRONMENTAL REQUIREMENTS. SUBMITTAL OF THIS APPLICATION MEANS APPLICANT PERMITS STAFF TO INSPECT. SUBMITTING APPLICATION DOES **NOT** GUARANTEE PROGRAM APPROVAL FOR SERVICES. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE HOUSING DEPARTMENT AT (918) 542-2441, MONDAY- FRIDAY BETWEEN THE HOURS OF 9:00 AM AND 4:15 PM.

ALL INFORMATION MUST BE SUBMITTED AT TIME APPLICATION IS SUBMITTED, OR APPLICATION WILL BE FILED AS “INCOMPLETE.” NO ASSISTANCE WILL BE PROVIDED UNTIL ALL REQUIRED INFORMATION IS RECEIVED, REGARDLESS OF SITUATION. DELIBERATE SUBMITTAL OF FALSE INFORMATION WILL BE CAUSE FOR DENIAL OF HOUSING SERVICES AND MAY PROHIBIT APPLICANT FROM RECEIVING ANY SERVICES FROM SHAWNEE TRIBE. ALL INFORMATION SUBMITTED TO THE HOUSING DEPARTMENT BECOMES THE PROPERTY OF THE SHAWNEE TRIBE.

Income Limit Guidelines

Number of people in household	1	2	3	4	5	6	7	8
Combined household income limit	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848	\$77,872	\$82,896

NAHASDA EMERGENCY ASSISTANCE APPLICATION HOUSEHOLD COMPOSITION AND PAST PARTICIPATION FORM

Applicant Names: _____

Assisted Address: _____

City, State, Zip: _____

Home Phone No: _____ Alternate Phone No: _____

HOUSEHOLD COMPOSITION

List the Head of Household first and then **all** other members who live in the household. A regular household member is one who lives there at least 51% of the time during the calendar year in which you are applying for assistance. Give the relationship of each family member to the head of household.

Family Member	Relationship	Birthdate	Age	Sex	SS Number

Priority Information: Your application may be considered high priority if any of the following circumstances can be verified for your family. Please check any boxes for each question that you would answer YES.

- Is a household member 65 years of age or older **and** a member of a Federally recognized Indian Tribe? Provide proof with birth certificate.
- Is a non-Indian household member 65 years of age or older? Provide proof with birth certificate.
- Is a household member legally disabled **and** a member of a Federally recognized Indian Tribe? (A disabled person is one as defined in Section 223 of the Social Security Act of Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act.). Provide proof with SSI check stub or similar document.
- Is a non-Indian household member legally disabled as defined above? Provide proof with SSI check stub or similar document.
- Have any of the household members ever participated in any HUD Low Rent, Homeownership, or Section 8 Rental Assistance, or any other Tribal housing assistance programs? If you checked this box, please specify place, date, and source of of assistance _____

NAHASDA EMERGENCY ASSSISTANCE APPLICATION

HOUSEHOLD INCOME FORM

INCOME INFORMATION:

What is the total annual income (for the 12-month calendar year) of all household members combined? Include **all** wages, salaries and tips, school stipends, military pay, alimony, child support, Social Security or other benefits, BIA trust fund and /or lease payments, and any other income. Be sure to add together all of the income from all of the people who regularly reside in the household and include **all** the income each one of them receives. A regular household member is one who has or will reside in the household at least 51% of the time for the calendar year:

Total annual income: \$ _____

Fill in each household member's name and income information below. For type of income, choose wage, salary, tips, child support, SSI, or whatever other kind of income that household member receives.

Income Earning Household Member's Name	Type of Income	Payment Basis (weekly, monthly, etc.)	Annual Amount
TOTAL			

NAHASDA EMERGENCY ASSSISTANCE APPLICATION

ACCEPTANCE OF ASSISTANCE CONDITIONS FORM

Shawnee Tribe Housing Department NAHASDA Emergency Assistance is conditioned upon the applicant/applicants meeting and maintaining certain conditions. I/we the undersigned understand, agree to, and accept the following conditions. I/we have read carefully and understand fully these conditions, as shown by my/our initials regarding each condition.

1. I/we understand that NAHASDA assistance is intended to assist an **Indian household** and that it is imperative that the Indian household member or members continue to reside in the assisted residence. _____

2. I/we agree that I/we are sufficiently financially capable and my/our employment is adequately stable to ensure that the Indian member(s) will be able to stay in the assisted residence for 90 days from the date I/we receive the NAHASDA emergency assistance requested in this application. I/we agree that, in the event the Indian household member is unable to fulfill this **90-day requirement** I/we will notify the Shawnee Tribe Housing Department of the factors involved in the inability to stay in the assisted residence. Depending upon the circumstances involved, I/we may be ineligible to receive any further assistance from the Shawnee Tribe for one (1) calendar year from the date of **failure to maintain occupancy OR failure to notify** the Tribe. _____

3. I/we agree that all utility, rent, lease, security, cleaning, and/or similar deposits made on my/our behalf will be returned to the Shawnee Tribe Housing Department. I/we agree that these **deposits do not belong to me/us**, and that, if they are returned to me/us, I/we must return them to the Shawnee Tribe. Failure to do so will subject me/us to all of the penalties provided by law for the theft and misuse of federal funds. _____

4. I/we agree that, if I/we are evicted from the assisted residence because I/we have damaged the assisted residence or otherwise failed to care responsibly for it OR if I/we leave the assisted residence and are not entitled to my/our security/cleaning and/or similar deposit(s) because I/we have damaged the assisted residence or otherwise failed to care responsibly for it, then I/we will **repay the amount of the security/cleaning and/or similar deposit** assistance provided by the Shawnee Tribe Housing Department. _____

5. I/we certify that the information given in this Shawnee Tribe Housing Department NAHASDA Emergency Assistance Application is **true and correct to the best of my/our knowledge**. I/we understand that false statements are punishable under Federal Law. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. I/we understand that the information in this application is being collected to determine if I/we are eligible to receive assistance. I/we also understand that giving false statements or information in this application is grounds for termination of and denial of further housing and other social services assistance. _____

