



P.O. Box 825  
Anadarko, OK 73005

Phone: (405) 247-2448  
Fax: (405) 247-9393

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## EMERGENCY REPAIR PROGRAM

In order to request Emergency Repair Services, participants should contact the DNH office. We will take a short description of the repair needed, the tribal member's name, address, and directions to your home. The DNH staff will contact the Delaware Nation Enrollment Office to verify enrollment status and address and will verify the ownership of the home. Only primary residences are eligible for assistance, **rental units and mobile homes are not eligible for the Emergency Repair Program.**

This program is funded by the Delaware Nation Tax Commission through an annual allocation of funds and is offered as long as funds are available. Assistance shall be given to eligible applicants only once per every three years. Damage caused by lack of maintenance by the homeowner will not be eligible for emergency repair assistance.

Please feel free to contact the DNH office with your housing needs/requests at 405-247-2448.

### **Emergency Repair Eligibility Requirements**

1. Applicant must be an enrolled Delaware Nation Elder that is 60 years or older **OR** must be an enrolled Delaware Nation member who can provide proof of handicap or disability from a medical physician.
2. Must reside within the Delaware Nation jurisdiction area.
3. Must show proof of homeownership of a minimum of three years (a warranty deed shall be required for proof of ownership). Title status reports from the Bureau of Indian Affairs shall only be accepted as proof of ownership if the applicant is the only owner listed or if documentation is provided that shows the applicant has lifetime use of the residence.
4. Must be the primary residence of the applicant.
5. Must show proof of homeowner insurance.
6. Must meet the 80% National Median Income Limit Guidelines. (Documentation of income will need to be submitted with the application)
7. The home must meet all HUD environmental criteria and must have been built after 1978.



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### Application for Emergency Assistance

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

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

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

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Contact #: (\_\_\_\_) \_\_\_\_\_

**List all individuals who reside in the property:**

Name	Relationship to Applicant	Date of Birth	Social Security #	Enrolled Tribe If Delaware Roll #

**List Monthly Income of all household members:**

*Please submit all source of income ~ SS, TANF, Retirement, IIM, unemployment, ect...*

Name	WAGES SALARIES ETC...	SSI/SSD PENSION/ RETIREMENT	TANF DHS	CHILD SUPPORT/ ALIMONY	OTHER	TOTAL ANNUAL INCOME

Explain Other Income Source: \_\_\_\_\_

**\*FOR ALL PERSONS LISTED ABOVE, PLEASE ATTACH COPIES OF TRIBAL ENROLLMENT DOCUMENTS (if applicable).**





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### Certification:

I understand that this is not a contract and does not bind either party. I certify that the information given in this application is true and correct to the best of my knowledge. I understand that willful, false statements or information or mis-representations are criminal offenses and could cause me to be ineligible for Emergency Repair Assistance. I have no objections to inquiries being made of the purpose of verifying the information given herein.

\_\_\_\_\_  
Signature  
Tribal Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Spouse

\_\_\_\_\_  
Date

**APPROVED**

**DENIED**

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**HOUSING DIRECTOR**



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REQUEST FOR INFORMATION

ENROLLMENT DEPARTMENT

The Delaware Nation

P.O. Box 825  
Anadarko OK 73005  
Phone: 405-247-2448  
Fax: 405-247-5942



Office Use Only
_____ Date Received
_____ Time Received
_____ Received by

**CIRCLE TYPE OF INFORMATION REQUEST:      RELEASE      VIEW      DISPUTE**

*(To be completed by requestor and delivered to appropriate department. Incomplete forms may delay the process. Signed forms can be mailed, hand carried, faxed or scanned and emailed.)*

Requested by (Name & Title) \_\_\_\_\_

Requestor's Address \_\_\_\_\_

Requestor's Primary Phone # \_\_\_\_\_

Requestor's E-mail \_\_\_\_\_

Subject \_\_\_\_\_

What is specifically requested? \_\_\_\_\_

How will it be used? \_\_\_\_\_

Why is it requested? \_\_\_\_\_

Requested on behalf of \_\_\_\_\_

**Response Time**

Most approved requests will be filled within seven (7) business days. In the event that the request takes longer to approve and fill, or if the request is denied, the requestor will be notified.

Disclaimer: The information requested provided "as is."

\_\_\_\_\_  
(Signature of Requestor)

\_\_\_\_\_  
Date

**Office Use Only**

Request is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date _____	Time _____
By _____	Title _____			