



P.O. Box 825
Anadarko, OK 73005

Phone: (405) 247-2448
Fax: (405) 247-8439

Residential Rental Assistance Program Guidelines

The purpose of the Delaware Nation Housing Assistance Program is to provide assistance to low-income Native American families trying to obtain suitable rental housing in the private sector. The Rental Assistance Program will provide (1) a forgivable loan up to \$1,000.00 to eligible low-income Native American families to defray the cost of move-in expenses, (2) Inspections of the proposed housing, if requested by participant, (3) housing and financial counseling to participants. In order to be eligible, applicants must:

- A. Have completed application
- B. Reside or propose to reside within area of operations; if participant is a Delaware tribal member this program is covered state wide
- C. Be classified as a low-income Native American family (preference will be given to the Delaware tribal members, but this program will operate as a "first come, first served" program
- D. Be willing to sign a promissory note for the amount of the loan
- E. Must have a minimum annual income of \$15,600 (minimum wage)
- F. Complete client action plan

The Delaware Nation Housing will not write checks directly to the participant, but rather to the vendors to which the expense will be paid. You must provide the name, address, and contact information for all vendors that you wish to utilize.

Eligible Activities for this program shall include:

- A. First month residential rental payment
- B. Additional up-front residential rental payment required by property owner
- C. Security Deposit for residential rental property
- D. Utility deposits for initial utility services (includes electricity, water, sewage, and/or garbage)
- E. Natural Gas deposits for initial services

Ineligible Activities for this program shall include:

- A. Residential rental payments that are not required for move-in (on-going monthly payments)
- B. Past due residential rental payments (even if required for move in)
- C. Past due utility or natural gas payments (even if required for service)
- D. Telephone deposits
- E. Cable television deposits

Debt forgiveness will occur once a participant has completed the following requirements:

- A. Maintained residence for 6 months
- B. Made satisfactory progress in the client action plan
- C. Attend at least 4 hours of financial/housing counseling

If these requirements are not completed by the end of 6 month period, the note may be renewed for an additional 6 month period. If these requirements are then not completed by the end of 1 year, the note will become payable in full and the Delaware Nation will pursue in collection action.



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Application Checklist:

Applicants must complete a Residential Rental Assistance application. The application packet and other submissions consist of the following:

1. Application.
2. Tribal enrollment Documentation, not CDIB, from a federally recognized tribe for all members in the household. If enrolled with Delaware Nation and you do not have your card available, Housing staff can verify enrollment with the Enrollment department.
3. Copy of Birth Certificate for primary applicant. If not available at the time, Housing may accept valid state identification card.
4. Copy of Social Security Card for primary applicant.
5. Income verification from all sources of income for members living in home.
6. Landlord Good Faith estimate: To be **completed and signed by landlord.**
7. Move-in expense sheet: Including addresses and phone numbers for all vendors listed. **If requesting assistance with utility/gas deposit you must acquire an account number and provide documentation from the company before Housing can have payment applied to account.**



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Application for Residential Rental Assistance

Date: _____ Name of Applicant: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone (_____) _____ Alternate Contact Phone (_____) _____

For the main Applicant, please submit copies of your Birth Certificate, Social Security Card and Tribal Enrollment Documentation

List individuals who will reside in the rental property:

Name	Relation to client	Date of Birth	Social Security	Enrolled Tribe

*For all persons listed above, please attach copies of tribal enrollment documents

List Monthly Income of all household members:

Name	Monthly Income amount	Source

List Net Family Asset: (example: checking/ savings accounts; lease/royalties; stocks; bonds; etc.)



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Type of Asset	Estimated Value



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Proposed Address: (physical Address and mailing address of the rental property you are pursuing)

Mailing Address: _____ Physical Address _____

City: _____ State: _____ Zip Code: _____

Name and Address of Proposed Landlord

Name: _____ Owner or Manager

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____

Have you or any person listed as a family member received housing assistance from the Delaware Nation Housing Program before? If yes, when? _____

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 mis-representations are criminal offenses and could cause me to be ineligible for the housing assistance. I have no objections to inquiries being made for the purpose of verifying the information given herein.

Signature of Applicant

Date

Signature of spouse

Date

Signature of Adult Member

Date

Signature of Adult Member

Date



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Move-In Expense Budget

	Amount	Vendor Name & Address
First Months Rent:		
Additional Required Rent:		
Required Security Deposit:		
Utility Deposit:		
Utility Deposit:		
Other:		
Total Move In Expense:		

Residential Rental Assistance amount
made out to which vendor(s):

Approved by:



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Rental Property Good Faith Estimate
(To be completed by landlord)

The following rental property is owned/managed by _____

Address of Property

City State

This rental unit will be available for move in on _____. Negotiations of rental amount and security deposits have taken place and I can estimate in good faith that the move-in expenses will be as follows:

Rental amount required to take possession: _____

Regular Monthly Rental Amount: _____

Security Deposit: _____

Contingencies: (Please list any contingency factors that could cause the unit to become unavailable or any other factor that may alter the information listed above.)

Applicant Signature: Date:

Landlord Signature: Date: