



SHAWNEE TRIBE HOUSING DEPARTMENT

PO Box 189 Miami, OK 74355 + housing@shawnee-tribe.com + (918) 542-2441, ext. 143 or 135

Homeowner Assistance Fund (HAF)

The Shawnee Tribe received funds from the US Treasury Department under the American Rescue Plan Act. The Homeowner Assistance Fund will mitigate the financial hardships imposed on Shawnee Tribe citizens during the COVID-19 Pandemic by providing approved homeowner applicants assistance with costs of maintaining their homes by preventing the loss of utilities. Each applicant/household may receive up to \$1,500 in utility bill assistance to help with:

- Utility bill arrearage to bring the utility account into good standing
- After any arrearage has been paid, remaining awarded funds can be used for future payments to the utility account(s).

The Housing Department will determine an approved applicant's amount of assistance based on an average utility payment, to be calculated by the applicant's most recent 90 days of utility bills. Assistance payments may be up to 3 months of arrearage payments to bring the applicant's account into good standing, and/or up to 3 months of forward payments. Utility payments can be made for gas, electric, water, propane, and firewood, or any combination of these. Each applicant/household may receive up to \$1,500 in utility bill assistance in one application occurrence. Service area: **100 miles** of Miami, OK

Required Documents

- Completed application form (pages 2-5 of this packet)
- Copy of Applicant's Shawnee Tribe identification card
- Valid state or federal government issued ID
- Copy of the deed
- 3 months/90 days of applicable utility bills
- Income verification for all household members - see lists below and provide all that apply
 - Employed - recent month of pay stubs, statement from employer or a copy of the most recent tax return
 - Unemployed - letter from state employment office
 - Other income - Department of Human Services, Veterans Administration, Social Security income, proof of child support or alimony, etc.

Payments will be issued directly to the utility company. Submitting an application does not guarantee program approval for services.

HOUSEHOLD INCOME INFORMATION

What is the total gross income for 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. A regular household member is one who has or will reside in the household at least 51% of the time for the calendar year.

The gross income of all people age 15 or older occupying the same housing unit should be computed, regardless of how they are related, if at all. A single person occupying a dwelling alone is also considered a household. Use additional pages as needed.

Household Member Full Name <i>(First MI Last)</i>	Source of Income	Income Amount and Schedule
		<i>per</i> Hour Week Month Year
		<i>per</i> Hour Week Month Year
		<i>per</i> Hour Week Month Year
		<i>per</i> Hour Week Month Year
		<i>per</i> Hour Week Month Year
		<i>per</i> Hour Week Month Year
		<i>per</i> Hour Week Month Year
		Supplemental Security Income (SSI) per month
		Social Security per month
		Unemployment per month
		Veteran's Benefits per month
		Other (Please specify in space below)
		TOTAL GROSS HOUSEHOLD INCOME

INCOME LIMIT GUIDELINES

HAF applicants must live in a household whose income is at or lower than 150% of the most recent HAF Area Median Income Limits for their county of residence, **or** 100% of the US Median Income, whichever is higher.

Applicants outside of Ottawa County will have their income verified using the appropriate county limit data for their county of residence.

FY 2022 HAF Income Limits Summary for Ottawa County, OK

	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
Greater of 100% AMI or 100% US Median Income	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Greater of 150% AMI or 100% US Median Income	\$90,000	\$90,000	\$90,000	\$97,050	\$104,850	\$112,600	\$120,350	\$128,150

AUTHORIZATION FOR RELEASE OF INFORMATION

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NATURE OF CONSENT

I authorize and direct the Housing Department of the Shawnee Tribe to gather information or materials needed to complete and verify my application for participation in and/or to maintain my continued assistance under Shawnee Tribe Housing Department programs.

INFORMATION COVERED

Verification and inquiries that may be requested include, but are not limited, to:

Identity and Marital Status	Residence and Rental Activity
Medical or Child Care Allowances	Credit History
Employment, Income, and Assets	Criminal and Drug Activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

Verification and inquiries that may be requested include, but are not limited, to:

Previous Landlords	State Unemployment Agencies
Courts and Post Offices	Social Security Administration
Schools and Colleges	Medical and Child Care Providers
Law Enforcement Agencies	Veterans Administration
Support and Alimony Providers	Retirement Systems
Past and Present Employers	Utility Companies
Welfare Agencies	Banks, Credit Bureaus and Credit Providers

AUTHORIZATION

I/we authorize the Housing Department of the Shawnee Tribe to verify all information provided in this application. I/we agree that a photocopy of this authorization may be used for the purposes stated above; the original of this authorization is on file with the Shawnee Tribe Housing Department and will stay in effect for one year and one month from the date signed.

Primary Applicant Name *(please print)*

Primary Applicant Signature Date

Secondary Adult Applicant Name *(please print)*

Secondary Applicant Signature Date

Other Adult Applicant Name *(please print)*

Other Applicant Signature Date

Other Adult Applicant Name *(please print)*

Other Applicant Signature Date

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.

I attest that I have been adversely affected and suffered a financial setback due to the COVID-19 pandemic since March 2020.

The 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.

Primary Applicant Name *(please print)*

Primary Applicant Signature Date

FOR OFFICIAL USE ONLY

	Electric	Gas	Water	Propane	Firewood
Arrearage Amount Owed					
Bill #1					
Bill #2					
Bill #3					
Average monthly amount					
Future pmt. calculated					
Future amount to pay					
Total to pay					