



## Shawnee Tribe NAHASDA Emergency Assistance Program Guidelines and Requirements

### About the program

NAHASDA Emergency Assistance funds are intended to place and maintain native families in safe and standard housing. This assistance is provided to help with:

- **Move-in assistance:** first month's rent, security deposit, and utility deposits.
- **Eviction/Foreclosure Assistance:** Rent/mortgage payment *in an eviction*, or when *foreclosure* is underway.
- **Utility Shut Off Assistance:** Utility bills when a *shut-off notice has been received* including electric, water/sewage, and natural gas/propane purchases.

Service area: **100 miles** of Miami, OK

### Required documents

- **Completed application.**
- **Tribal membership card** of all tribal members (one member of the household must be enrolled with a Federal Recognized Tribe.)
- **Social security cards** for all members of the household.
- A valid US federal or **state government photo ID; birth certificate** for minors.
- **Income verification** -see list below and provide all that apply
  - *Employed:* recent month of pay stubs or statement from employer
  - *Unemployment:* letter from state employment office
  - *other income:* Letter from Department of Human Services, Veterans Administration, Social Security income, proof of child support or alimony, etc.
  - *No income:* sign no income statement in the application and provide statement of intent to stabilize.

#### **Utility Shut-off Assist**

Copy of recent utility  
shut-off notice and/or bill

#### **Move-in/Deposit Assist**

Copy of signed lease  
landlord W9

#### **Eviction/Foreclosure**

Copy of signed lease  
landlord W-9  
Eviction notice or  
Mortgage statement

Submitting an application **does not** guarantee program approval for services.



## NAHASDA Emergency Housing Assistance Application

PO Box 189 Miami, OK 74355

Phone: (918) 542-2441 Ext 135 or 143

Fax: (918) 542-9915

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Shawnee Tribal Citizen? ☐ YES Roll# \_\_\_\_\_ Other Tribe: \_\_\_\_\_

☐ NO

### TYPE OF ASSISTANCE

☐ NAH Utility Assist ☐ NAH Move-In/Dep ☐ NAH Eviction/Foreclosure

### Family Household Information

Household member full name (first, Middle, Last)	Date of birth MM/DD/YYYY	Relationship to Applicant	Enrolled Shawnee 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"/>

**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?

☐ Is a non-Indian household member 65 years or older?

☐ 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 551 check stub or similar document.

☐ Is a non-Indian household member legally disable 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 assistance.

### 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.

Household Member Full Name (First, Middle, Last)	Source Of Income	Gross Amount Hour/Week/Month/Year
Total Annual Gross Income		\$ /yearly

### Income Limit Guidelines

Number of people in household	1	2	3	4	5	6	7	8
Combined household income limit	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035

2025 HUD median family income (5/5/2025)

### "NO INCOME" STATEMENT

Are there any household members who are 18 years of age or older who **do not** have any income?  
List their name, have them sign, and date below:

Full Name	Signature	Date

By signing above, I/we certify that I/we do not have an income from any source on the date indicated above. Should income status change during application for NAHASDA emergency assistance, I/we will notify the Shawnee Tribel housing department immediately so that proper verification can be obtained.

## Authorization for Release of Information

### 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:

I understand that previous or current information regarding my household or myself may be needed. Verification and inquiries that may be requested include, but are not limited, to:

Identity and Marital Status  
Employment, Income, and Assets History

Medical or Child Care Allowances  
Residence and Rental Activity Credit  
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             | Courts and Post Offices          |
| • Schools and Colleges           | Law Enforcement Agencies         |
| • Alimony Providers              | Past and Present Employers       |
| • Welfare Agencies               | State Unemployment Agencies      |
| • Social Security Administration | Medical and Child Care Providers |
| • Veterans Administration        | Retirement Systems               |
| • Utility Companies              | Banks and Credit Bureaus         |
| • 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                      Date

\_\_\_\_\_  
Secondary Applicant                      Date

Shawnee Tribe Housing Department NAHASDA Emergency Assistance is conditioned upon the applicant(s) 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.

- 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 and does not necessarily qualify me for the program. 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. [REDACTED]

Co-applicant	Date

### ATTESTATION OF APPLICANT(S)

Please read the following statements and mark any or all that are applicable. If any of these statements are applicable, ARPA funds may be available to offer the utility shut-off assistance, eviction/foreclosure or move-in assistance.

Yes, one or more members of my household has experienced at least one of the following:

- ☐ Qualified for unemployment benefits due to COVID-19 Pandemic.
- ☐ Experienced a reduction of income due to COVID-19 Pandemic.
- ☐ Incurred a significant increase of household expenses due to COVID-19 Pandemic.
- ☐ Experienced other financial hardships due directly or indirectly to the COVID-19 Pandemic.

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Applicant Signature

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Date