

Pawnee Nation Housing Improvement Assistance Application

General Information

Applicant Name: _____

Pawnee Nation Enrollment No.: _____

Physical Address of Home: _____

City: _____ State: _____ Zip Code: _____

Contact Information

Cell Phone: _____

House/Message Phone: _____

Work Phone: _____

Family Composition

	NAME	RELATIONSHIP	DATE OF BIRTH
1.		Self	
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Assistance

Do you own your home? Yes No

If applicable, please provide joint owner's name:

Do you have homeowner's insurance? Yes No

Please provide a list of home improvement items that will enhance quality of life. Please list items in order of priority.

Please provide a list of barriers that would justify your needs for this assistance.

Required Documents Check List

Please provide the required documents as attachments to this application. Any missing documentation will be considered an incomplete application and will not be considered received until all items are provided. It is solely up to the participant to insure all items requested are provided.

- Fully executed application
 - Copy of government issued ID
 - Copy of enrolled Pawnee Nation tribal membership
 - Proof of home/structure ownership (deed, mortgage, title, legal description)
 - Proof of home insurance or letter of intent
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Signatory Consent

I, _____, hereby attest all information within this application is true. I authorize the Pawnee Nation of Oklahoma to obtain any necessary information, with purpose of verifying all application items are true. Any items found to not be true will disqualify the household from the Pawnee Nation Home Improvement Assistance Program. I further understand that submission of this application does not guarantee assistance and is non-binding and dependent on availability of funds.

Printed Name

Signature

Date Signed

Submission

Please submit application in person to DHCS, CHR Attention: Lisa Gooday or email back to lq1178@pawneenation.org on or before the deadline of Wednesday, May 3, 2023, by close of business.