



# Pawnee Nation Housing Authority

P.O. Box 408, Pawnee, OK 74058 \* Phone: 918-762-3454 \* Fax: 918-762-2284  
Email: [pawneenationha@sbcglobal.net](mailto:pawneenationha@sbcglobal.net) \* website: [www.pawneenationhousing.org](http://www.pawneenationhousing.org)

## Pawnee Nation Housing Authority Youth Assistance Program

In support of the children who participate in extracurricular activities, the Pawnee Nation Housing Authority provides assistance with a gift card from NAHASDA grant funding for parents or guardians to help with purchasing needed equipment and/or related costs of those activities.

The Youth Assistance Program operates during the following months of the academic year: August to December & January to May. Each applicant may apply once per academic year.

Youth participants, 1<sup>st</sup> grade through 12<sup>th</sup> grade, must have membership with a federally recognized tribe, the family unit monthly income cannot exceed 80% of the NAHASDA income guidelines and must reside in the Pawnee Nation service area.

Allowable activities include but are not limited to the following:

- |                  |                               |                |
|------------------|-------------------------------|----------------|
| *Football        | *Basketball                   | *Track         |
| *Wrestling       | *Softball                     | *Baseball      |
| *Soccer          | *Golf                         | *Volleyball    |
| *Dance Lessons   | *Gymnastics                   | *Piano Lessons |
| *Singing Lessons | *Other-With Director Approval |                |

Receipts for all purchases must be turned in within five (5) business days after issuance. The assistance may not be used for the food, umbrellas, chairs, etc. Any misuse of the card will disallow participation for future services and the household will be required to pay back the total amount of assistance.

Please complete the application and include the following attachments:

- Pawnee Nation CDIB or other tribal membership card for each person in the household
- Photo ID for each parent or legal guardian
- Proof of Residence (current utility bill in the applicant's name)
- Income verification for the past 30 days from application date, from each parent or legal guardian or filled out Employment Verification form

For further questions or to submit an application, contact the Pawnee Nation Housing Authority at 918-762-3454, or at the office at 126 Eagle Chief, Pawnee, Oklahoma, or by email at [pawneenationha@sbcglobal.net](mailto:pawneenationha@sbcglobal.net).



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## YOUTH ASSISTANCE PROGRAM APPLICATION

Name: \_\_\_\_\_ Date Received in Office: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## FAMILY COMPOSITION

Last Name	First Name	MI	Gender	Fed. Recognized Tribe	DOB	SS#
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

## FAMILY INCOME

Name	Source of Income	Annual/Monthly/Bi-weekly	Amount
			\$
			\$
			\$
TOTAL FAMILY INCOME:			\$

## CHILDREN ACTIVITY(IES)

Childs Name	Activity



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## APPLICANT/PARTICIPANT CERTIFICATION

I/We, \_\_\_\_\_ (Parent/Guardian) agree to follow the guidelines for receiving this gift card and will turn in all receipts within five (5) business days after issuance. Failure to return receipts within the timeframe, will disqualify the household for any future assistance of the program. Any misuse of the funds will result in household being terminated from any future assistance or services, and the household will be required to pay back the funds to the Housing Authority.

I/We certify that the information given to the Pawnee Nation Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are grounds for denial. This application will be invalid unless completely filled out.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date of App turned in: _____
_____ PNHA Executive Director Signature		Date of Approval: _____
Card #: _____	Check #: _____	Amt Approved: _____
Receipts Returned Date: _____		Received by (initials): _____



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## EMPLOYMENT VERIFICATION FORM

Employer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

RE: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone #: \_\_\_\_\_

To establish eligibility for occupancy, we must verify the incomes of all residents and prospective residents. The person identified above has informed us that he/she is now, or has been within the past twelve (12) months, employed by your firm. Please return the information requested below as soon as possible.

### AUTHORIZATION OF APPLICANT TO RELEASE INFORMATION:

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
PNHA Representative

Employed from (dates) \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Occupation: \_\_\_\_\_

Employment is: (check one) \_\_\_\_\_ Permanent \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Terminated

Current or last pay rate: \$ \_\_\_\_\_ per \_\_\_\_\_ Effective since \_\_\_\_\_

Do you anticipate this employee will receive a salary increase within the next 12 months? \_\_\_\_ Yes \_\_\_\_ No

If yes, anticipated amount of increase is \$ \_\_\_\_\_ per \_\_\_\_\_

Effective date of anticipated increase \_\_\_\_\_

Anticipated number(s) of hours worked per week: Straight time: \_\_\_\_\_ Overtime: \_\_\_\_\_

Estimated amount of: Tips \$ \_\_\_\_\_ per \_\_\_\_\_

Bonuses \$ \_\_\_\_\_ per \_\_\_\_\_

Commissions \$ \_\_\_\_\_ per \_\_\_\_\_

Actual earnings during the past 12 months or for the period of employment if less than 12 months

From: \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Number of hours of overtime \_\_\_\_\_

Your estimate of anticipated total earnings next 12 months \$ \_\_\_\_\_

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

Reported By: \_\_\_\_\_

Title: \_\_\_\_\_

Verified by phone

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## PROGRAM GUIDANCE 2025- 01

**IHBG Guidance:** Notice PIH 2024-07: Calculating Annual Income for Purposes of Eligibility under NAHASDA addresses the three Annual Income definitions that recipients may adopt in their policies to compute Annual Income to determine program eligibility.

Pursuant to 24 CFR §1000.10, median income for the IHBG program is defined as the greater of:

- The median income of the counties, or their equivalent in which the Indian area is located, or the median income for the United States. Tribes with large reservations or those that encompass more than one county may have more than one income limit. Tribes or Tribally Designated Housing Entities (TDHE) may set income limits for multi-county reservations at the income limit level of the county with the highest income limits.
- If the MFI limit for a county located within your Indian area is lower than the United States MFI limit, you must use the U.S. MFI limit. The U.S. MFI for FY 2025 is \$104,200. Therefore, the adjusted income limits broken by family size and 80 and 100 percent (80/100%) of MFI are shown below.

	2025 Median Family Income			\$104,200	United States			
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035
100%	\$72,940	\$83,360	\$93,780	104,200	\$112,536	\$120,872	\$129,208	\$137,544

## 2025 MFI Limits for Families with More Than Eight Members

MFI Limits for families of various sizes are determined by the following percentage relationship with the 4-person family size as the “Base” determinant.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
70%	80%	90%	<b>BASE</b>	108%	116%	124%	132%

To calculate the MFI Limits for families with more than eight members, use the four-person income limit as the base amount. Multiply the base amount by increments of eight percent (8 %), increasing for each additional person as shown in the following table.

9 Persons	10 Persons	11 Persons	12 Persons	13 Persons	14 Persons	15 Persons	16 Persons
140%	148%	156%	164%	172%	180%	188%	196%

For example, to calculate the 10-person, 80 percent 2024 U.S. MFI limit, first find that for 4-persons. The 4-person, 80 percent 2025 MFI limit is equal to \$83,360. Next, multiply this “Base” amount by 148% since we are extrapolating it to a 10-person household. One hundred and forty-eight percent is equal to 148/100, which is equal to 1.48. The result for 10-person, 80 percent is  $\$83,360 \times 1.48 = \$123,373$ .