



Pawnee Nation Housing Authority

P.O. Box 408, Pawnee, OK 74058 * Phone: 918-762-3454 * Fax: 918-762-2284
Email: pawneenationha@sbcglobal.net * website: www.pawneenationhousing.org

PNHA HUMAN SERVICE ASSISTANCE APPLICATION

It is the desire of the Pawnee Nation Housing Authority to provide housing as well as eligible housing related to services as determined by NAHASDA for low-income families in the Pawnee Community. These services shall be available for families who meet the NAHASDA income guidelines.

To qualify for services a person must be an enrolled member of the Pawnee Nation with a CDIB or any other enrolled member of a federally recognized tribe with a CDIB residing in the Pawnee Nation jurisdiction. Enrolled Pawnee Nation tribal members shall be first priority according to the Preference Statement. As follows:

- A. **Preference** “Preferences” are given to qualified applicants. The preferences are used in the selection process
- B. **Local Preference** “Local Preferences” are given to qualified applicants. Local preferences are as follows:
 1. **Enrolled Pawnee Nation Members** on the Pawnee Nation Tribal Rolls.
 2. **Pawnee Descendants** Any applicant that can show non-member CDIB showing Pawnee Descendants.
 3. **All Other Nations** who can show a CDIB from any Federally Recognized Tribe

Due to the limited amount of funds each application shall be reviewed and approved according to the seriousness of the request. Those problems which are a threat to the health, safety and welfare of a family shall be priority. Due to the limited funding, applicants may only qualify once a year for services or assistance. This assistance is not Emergency Housing placement but can be utilized to help pay a utility bill or rent assistance.

Resident families, private homeowners or those applying for housing may apply for consideration of services.

All applicants must fill out a Request for Human Service Assistance Application and submit all required documentation, (such as income, CDIB, and proof of residence-bill). Any applicant owing the Pawnee Nation Housing Authority will not be eligible for assistance.

Approval of all applications shall be made by the Executive Director or in their absence the Acting Executive Director.



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APPLICATION

DATE: _____

FIRST NAME	MI	LAST NAME	MARITAL STATUS	D.O.B.	GENDER	SSN
ADDRESS:			CITY:		STATE/ZIP:	

PHONE:	WORK PHONE:	EMAIL ADDRESS:
TRIBAL AFFILIATION:		COPY OF CDIB: ____ Yes ____ No

FAMILY COMPOSITION

NAME	RELATIONSHIP	D.O.B.	GENDER
1.			
2.			
3.			
4.			
5.			

INCOME (Please provide income verification for all household members)

HOUSEHOLD MEMBER NAME:	SOURCE OF INCOME:	MONTHLY AMOUNT RECEIVED:
		\$
		\$
		\$
Total Monthly Income Received:		\$

ASSETS (List all assets. An asset could be a vehicle, boat or retirement account, or a savings account.)

NAME:	VALUE:	SOURCE:	OWNER:

Have you applied for Emergency Assistance before? ____ Yes ____ No, If Yes, When? _____

Do you provide the care and control of either your child or a relative's child in your home? ____ Yes ____ No

Will this child(ren) stay in your care in the future? ____ Yes ____ No



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TYPE OF ASSISTANCE:

Please explain the reason for your request for assistance. Your explanation should meet one of the following categories offered: impending homelessness, homelessness, energy crisis, emergency assistance caused by fire, flood, or natural disaster, medical or other type of assistance needed.

In your explanation provide the following: what happened, when it happened, and where it happened.

REQUEST FOR ASSISTANCE EXPLAINATION: _____

☐ IMPENDING HOMELESSNESS

☐ Yes ☐ No Do you have an eviction notice or a foreclosure notice?

If "Yes", when did you receive it? _____

When did you first get behind in your rent or mortgage payment? What caused this? _____

Provide current landlord/management company name and contact information below.

Rental Provider: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Rent Amount: \$ _____ Paid: _____ Monthly _____ Weekly _____ Bi-Weekly

(Please attached a copy of your current rental or lease agreement and/or eviction or foreclosure notice.)

☐ HOMELESSNESS

☐ Yes ☐ No Do you lack a fixed and regular place to live, or do you sleep in a place not meant for sleeping?

☐ Yes ☐ No Do you plan to get a permanent place to live?

☐ Yes ☐ No Has a building or housing inspector or public health official decided your home is uninhabitable? If "Yes", when did this happen? _____

☐ Yes ☐ No Do you have a housing inspection report?



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☐ ENERGY CRISIS: ____ Electric ____ Gas ____ Propane ____ Water

☐ Yes ☐ No

Does your family have an immediate threat to its health and safety from an Energy Crisis? If "Yes", what help has your family obtained already?

Please provide your Energy provider's information below.

Name of Provider: _____ Phone #: _____

Address: _____ State: _____ ZIP: _____

Account Number: _____ (Please attach a copy of your energy bill)

EMERGENCY: ☐ FIRE ☐ FLOOD ☐ NATURAL DISASTER ☐ WEATHER RELATED

OTHER: ☐ MEDICAL ☐ COOLING ☐ OTHER: _____

ADDITIONAL COMMENTS: _____

SIGNATURES AND ASSURANCES

Initial each line to indicate that you have read and understand these statements.

_____ I understand the questions and statements of this application, and I understand that I must not give false information about myself or my household members.

This includes:

1. Making false or misleading statements.
2. Misrepresenting or withholding facts.
3. Act in a way intended to mislead or misrepresent or withhold facts.

_____ I understand that if I, or one of my household members with my knowledge, is found to have intentionally given false information so that I can be eligible for assistance I can be denied future assistance.

- If I, or one of my household members with my knowledge, am found to have intentionally given false information one (1) or more times, I will be denied assistance eligibility permanently.
- I understand that I may also be prosecuted for fraud if I intentionally give false information to receive assistance at any time.

_____ I agree to provide documents to prove my statements if it is requested and I understand that the Pawnee Nation Housing Authority may contact other persons or organizations to obtain the necessary proof of my eligibility and level of any assistance.



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_____ I verify that I reside within the Pawnee Nation Jurisdictional area.

_____ I authorize the PNHA to request and receive any information that is appropriate and necessary for the proper administration of the Emergency Assistance Program. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information.

APPLICANT SIGNATURE

DATE

ADULT HOUSEHOLD MEMBER SIGNATURE

DATE

☐ APPROVED

☐ DENIED

AMOUNT APPROVED: _____

☐ NAHASDA

☐ Non-NAHASDA

APPROVED/DENIED FOR: _____

EXECUTIVE DIRECTOR SIGNATURE

DATE



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PERSONAL MONTHLY BUDGET

Projected Monthly Income

Income 1
Extra Income
Total monthly income

Actual Monthly Income

Income 1
Extra Income
Total monthly Income

Projected Balance – Projected income minus expenses

Actual Balance – Actual income minus expenses

Difference – Actual minus projected

Housing

	Projected Cost	Actual Cost	Difference
Mortgage/Rent	\$	\$	\$
Phone	\$	\$	\$
Electricity	\$	\$	\$
Gas	\$	\$	\$
Water/Sewer	\$	\$	\$
Cable	\$	\$	\$
Waste Removal	\$	\$	\$
Maintenance/Repairs	\$	\$	\$
Supplies	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Transportation

	Projected Cost	Actual Cost	Difference
Vehicle Payment	\$	\$	\$
Bus/Taxi Fare	\$	\$	\$
Insurance	\$	\$	\$
Licensing	\$	\$	\$
Fuel	\$	\$	\$
Maintenance	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Insurance

	Projected Cost	Actual Cost	Difference
Home	\$	\$	\$
Health	\$	\$	\$
Life	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Food

	Projected Cost	Actual Cost	Difference
Groceries	\$	\$	\$
Dining Out	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Pets

	Projected Cost	Actual Cost	Difference
Food	\$	\$	\$
Medical	\$	\$	\$
Grooming	\$	\$	\$
Toys	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Personal Care

	Projected Cost	Actual Cost	Difference
Medical	\$	\$	\$
Hair/Nails	\$	\$	\$
Clothing	\$	\$	\$
Dry Cleaning	\$	\$	\$
Health Club	\$	\$	\$
Organization Dues/Fees	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Entertainment

	Projected Cost	Actual Cost	Difference
Video/DVD	\$	\$	\$
CDs	\$	\$	\$
Movies	\$	\$	\$
Concerts	\$	\$	\$
Sporting Events	\$	\$	\$
Live Theater	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$



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Loans

	Projected Cost	Actual Cost	Difference
Personal	\$	\$	\$
Student	\$	\$	\$
Credit Card	\$	\$	\$
Credit Card	\$	\$	\$
Credit Card	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Taxes

	Projected Cost	Actual Cost	Difference
Federal	\$	\$	\$
State	\$	\$	\$
Local	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Savings or Investments

	Projected Cost	Actual Cost	Difference
Retirement Account	\$	\$	\$
Investment Account	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Gifts and Donations

	Projected Cost	Actual Cost	Difference
Charity 1	\$	\$	\$
Charity 2	\$	\$	\$
Charity 3	\$	\$	\$
Subtotal	\$	\$	\$

Legal

	Projected Cost	Actual Cost	Difference
Attorney	\$	\$	\$
Alimony	\$	\$	\$
Payments on lien or judgement	\$	\$	\$
Other	\$	\$	\$
Subtotal	\$	\$	\$

Total Projected Cost:	\$
Total Actual Cost:	\$
Total Difference:	\$



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PROGRAM GUIDANCE 2026- 01

IHBG Low-Income Eligibility Verification: Recipients must verify the low-income eligibility of participants in IHBG funded programs. To qualify as low-income, participants' annual income cannot exceed the applicable area's 80% MFI limit, based on the number of people in their household.

Refer to HUD [Notice PIH 2024-07: Calculating Annual Income for Purposes of Eligibility under NAHASDA](#), which details the three Annual Income definitions that recipients may adopt in their policies to compute Annual Income to determine program eligibility.

To search for an MFI for a specific area, go to the [HUD USER Income Limits Page](#), scroll down and select the "Click Here for FY 2026 IL Documentation" button. On the Income Limits Documentation System page, you can enter an area name in the Search field or select an area using drop-down menus by State, County, Metro Area or Non-Metro area.

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 reservations 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 area is lower than the United States MFI limit, you must use the U.S. MFI limit.

The U.S. MFI for FY 2026 is \$106,800. Therefore, the adjusted income limits for 80% and 100% of MFI, broken down by household size, are shown below.

	2026 Median Family Income \$106,800				United States			
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$59,850	\$68,400	\$76,950	\$85,450	\$92,300	\$99,150	\$106,000	\$112,800
100%	\$74,760	\$85,440	\$96,120	\$106,800	\$115,344	\$123,888	\$132,432	\$140,976

2026 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%	BASE	108%	116%	124%	132%