



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

COLLEGE HOUSING ASSISTANCE PROGRAM

Application Guidelines

Purpose

The College Housing Assistance Program is based on need and eligibility. This is a NAHASDA low income funded program administered by the Pawnee Nation Housing Authority. The College Housing Assistance Program will provide approved applicants up to \$500.00 per semester for housing or utility cost, and for cost associated with online education.

Eligibility

- Applicant must be a member of a federally recognized tribe. Priority will be given to Pawnee Nation tribal citizens.
- Applicant's primary residence must be in the Pawnee Nation jurisdictional area.
- Applicant must meet all eligibility requirements for the College Housing Assistance Program, including **NAHASDA income guidelines**.
- Applicant must be currently enrolled full-time in a post-secondary accredited institution or an accredited institution of higher education, or six (6) hours summer.
- Priority will be given to students who were assisted the previous semester on the College Housing Assistance Program.
- Applications must be received before the deadline along with a class schedule for Fall, Spring, or Summer Semesters.

Following documentation is required:

- Proof of residency within Pawnee Nation jurisdiction.
- Residency parent's utility bill, rental or lease agreement or warranty deed.
- CDIB from a federally recognized tribe.
- If a student is a dependent a parent must sign an affidavit stating student's permanent address.
- Proof of earned student (**gross**) income. Parents gross income if student is not working.
- While student loans are not considered income, please provide documentation to show if this is the only source of income coming into the home. Please provide financial information sheet from the financial aid office.
- Students' income and if using parents' income; must be within the HUD Income Guidelines.
(Attached)



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Process for Award:

All required documentation must be submitted with the attached application to be considered for eligibility. **Incomplete applications will not be considered.**

Payments will be made to the landlord or renter provider. Utility payments will be made to the utility vendor or colleges for online expense. No Payment will be given to a student directly or their representative.



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Application

Semester: Fall Spring Summer Type of Assistance: Rent Utility (attach bill)

NAME: _____
Last First Middle

Permanent Address: _____
Street City, State Zip Code

Mailing Address: _____
Street/ P.O. Box City, State Zip Code

Phone #: _____ Message Phone #: _____ E-mail Address: _____

Tribal Affiliation : _____ (please submit copy of CDIB, front and back)

Number of dependents (if applicable): _____ Ages: _____

School attending: _____ Address: _____

Student ID #: _____

Name of Landlord: _____

Address of Landlord: _____
Street City, State Zip Code

Phone # of Landlord _____ (if you are in on-campus housing/dorms give
School contact information for your housing)

Student/Parent Earned Monthly Household Gross income: \$ _____

CERTIFICATION

I certify that all information is true and correct to the best of my knowledge. I consent to the Release of Information to/from necessary parties regarding my education.

Signature of Applicant: _____ Date: _____

Approved Denied

Signature: _____ Date: _____
Executive Director



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NAME: _____

DATE RECEIVED IN OFFICE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

FAMILY COMPOSITION

LAST NAME	FIRST NAME	MI	GENDER	RELATIONSHIP	DATE OF BIRTH
1.				HEAD	
2.				SPOUSE	
3.					
4.					
5.					
6.					
7.					
8.					

APPLICANT / TENANT / PARTICIPANT CERTIFICATION

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 and belief. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. This application will be invalid unless completely filled out.

Signature of Head of Household

Date

Signature of spouse OR other Adult