



# 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)

## **EMERGENCY SERVICES ASSISTANCE POLICY**

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 assistance.

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

All applicants must fill out a Request for Emergency Assistance Application and submit all required documentation, (such as income, CDIB, and a 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:	

CELL PHONE:	HOUSE PHONE:	WORK PHONE:
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 EMERGENCY:

Your emergency must meet one of the following categories: impending homelessness, homelessness, energy crisis, fire, flood, or natural disaster. Check one box and fill out only that one section.

Please describe the emergency, what happened, when it happened, and where it happened.

EXPLAIN EMERGENCY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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

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)

OTHER:  FIRE  FLOOD  NATURAL DISASTER

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

## SIGNATURES AND ASSURANCES

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

\_\_\_\_\_ I understand the questions and statements on this application.

\_\_\_\_\_ 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 EA I can be denied EA.

- 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 EA eligibility permanently.
- I understand that I may also be prosecuted for fraud if I intentionally give false information to receive EA 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.

\_\_\_\_\_ I verify that I reside within the Pawnee Nation Jurisdictional area.



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\_\_\_\_\_ I understand that if I do not agree with the PNHA decision regarding my Emergency Assistance application, I have thirty (30) days to file a PNHA Appeal Request Form from the date of issuance of the decision.

\_\_\_\_\_ 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

\_\_\_\_\_  
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	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

### Pets

	Projected Cost	Actual Cost	Difference
Food	\$	\$	\$
Medical	\$	\$	\$
Grooming	\$	\$	\$
Toys	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

### Transportation

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

### Personal Care

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

### Insurance

	Projected Cost	Actual Cost	Difference
Home	\$	\$	\$
Health	\$	\$	\$
Life	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

### Entertainment

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

### Food

	Projected Cost	Actual Cost	Difference
Groceries	\$	\$	\$
Dining Out	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$



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## Loans

	Projected Cost	Actual Cost	Difference
Personal	\$	\$	\$
Student	\$	\$	\$
Credit Card	\$	\$	\$
Credit Card	\$	\$	\$
Credit Card	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

## Taxes

	Projected Cost	Actual Cost	Difference
Federal	\$	\$	\$
State	\$	\$	\$
Local	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

## Savings or Investments

	Projected Cost	Actual Cost	Difference
Retirement Account	\$	\$	\$
Investment Account	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

## Gifts and Donations

	Projected Cost	Actual Cost	Difference
Charity 1	\$	\$	\$
Charity 2	\$	\$	\$
Charity 3	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

## Legal

	Projected Cost	Actual Cost	Difference
Attorney	\$	\$	\$
Alimony	\$	\$	\$
Payments on lien or judgement	\$	\$	\$
Other	\$	\$	\$
<b>Subtotal</b>	\$	\$	\$

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