



Pawnee Nation Housing Authority

P.O. Box 408, Pawnee OK 74058, Phone: (918) 762-3454, Fax: (918) 762-2284

EMERGENCY HOUSING, UTILITIES OR RENTAL ASSISTANCE POLICY

It is the desire of the Pawnee Nation Housing Authority to provide housing, as well as eligible housing related services, as determined by NAHASDA income guidelines, for families in the Pawnee Community.

To qualify for services a person must be an enrolled member of the Pawnee Nation of Oklahoma or any other enrolled member of a federally recognized tribe with a CDIB (Certificate Degree of Indian Blood) residing in the jurisdiction of the Pawnee Nation of Oklahoma. Our preference policy for services is 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.

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, (including proof of income, CDIB, and a utility bill for proof of residency). 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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EMERGENCY HOUSING, UTILITIES OR RENTAL SERVICE APPLICATION

RENT UTILITIES OTHER DATE: _____

APPLICANT NAME

FIRST NAME	MI	LAST NAME	Marital Status	D.O.B.	SEX	SSN

CELL PHONE: _____	HOUSE PHONE: _____	WORK PHONE: _____
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TRIBAL AFFILIATION: _____

COPY OF CDIB	YES _____	NO _____
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FAMILY COMPOSITION

NAME	RELATIONSHIP	D.O.B.	SEX
1.	Self		
2.			
3.			
4.			

INCOME

SOCIAL SECURITY: \$ _____	RETIREMENT \$ _____	SSI \$ _____	OTHER \$ _____ -	WELFARE \$ _____
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EMPLOYMENT \$ _____	TOTAL INCOME \$ _____	
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EMPLOYER _____	EMPLOYER NUMBER _____	LENGTH OF EMPLOYMENT _____
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TYPE OF EMERGENCY:

APPLICANT SIGNATURE

DATE

LINDA JESTES EXECUTIVE DIRECTOR