



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

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, 1st grade through 12th 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.



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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: _____
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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Guidance: 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 2024 is \$97,800. Therefore, the adjusted income limits broken out by family size and 80 and 100 percent (80/100%) of MFI are shown below.

2024 Median Family Income		\$97,800							
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	
80%	\$54,768	\$62,592	\$70,416	\$78,240	\$ 84,499	\$ 90,758	\$ 97,018	\$103,277	
100%	\$68,460	\$78,240	\$88,020	\$97,800	\$105,624	\$113,448	\$121,272	\$129,096	

2024 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%

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 Person	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 2024 MFI limit is equal to \$78,240. 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 \$78,240 x 1.48 = \$115,795.