



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

RENT AND UTILITY 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 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 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 REQUESTING:

Your request for assistance 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 situation, what happened, when it happened, and where it happened.

EXPLANATION: _____

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 assistance I can be denied 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 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.



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

_____ I understand that if I do not agree with the PNHA decision regarding my 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 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: _____

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 | \$ | \$ | \$ |

Pets

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

Transportation

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

Personal Care

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

Insurance

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

Entertainment

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

Food

| | Projected Cost | Actual Cost | Difference |
|-----------------|----------------|-------------|------------|
| Groceries | \$ | \$ | \$ |
| Dining Out | \$ | \$ | \$ |
| 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 2023-01

Tribes with large reservations or those that encompass more than one county may have more than one income limit. To reduce administrative burden, the Tribe or Tribally Designated Housing Entity (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 2023 is \$96,200. Therefore, the adjusted income limits broken out by family size and 80 and 100 percent (80/100%) of MFI are shown below.

2023 Median Family Income \$96,200

| % Median Income | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|-----------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 80% | \$53,850 | \$61,550 | \$69,250 | \$ 77,000 | \$ 83,100 | \$ 89,250 | \$ 95,450 | \$101,600 |
| 100% | \$67,350 | \$77,000 | \$86,600 | \$ 96,200 | \$103,900 | \$111,600 | \$119,300 | \$127,000 |

2023 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 2023 U.S. MFI limit, first find that for 4-persons. The 4-person, 80 percent 2023 U.S. MFI limit is equal to \$77,000. 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 is \$77,000 x 1.48 = \$113,960. Rounding to the nearest \$50, as is ONAP’s policy, results in the 10-person, 80 percent 2022 U.S. MFI limit being \$113,950.