

# 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)

Dear Applicant:

Attached is an application for assistance through our youth services program. Please complete all forms and submit all necessary supporting documentation.

Please list each member of your household along with their Social Security Number, date of birth and Degree of Indian Blood (CDIB for each member.

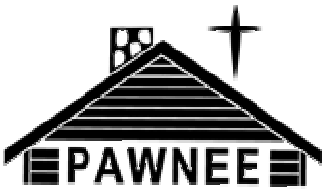
All household members income must be reported. If you receive Social Security income, we will need a recent copy of your annually provided award letter. If you receive Veteran's pay, we will need a copy of your award letter in order to determine if may be counted (some income received from Veterans Administration is not counted if it puts you over income). Child support and alimony payments must be reported as income as well as IIM Account income (BIA accounts).

The Verification of Employment form should be signed and dilled out for each employed member of your household with the employer's name, address and telephone number and returned to the Pawnee Nation Housing Authority. Please include your supervisor's name. Applicant(s) may also turn in check stubs for at least the past 30-days.

Sincerely,

Executive Director

Pawnee Nation Housing Authority



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## YOUTH ACTIVITY APPLICATION

In support of the children that live in the service area of the Pawnee nation Housing Authority, we will be providing a gift card from our NAHASDA grant in the amount of \$200.00 for parents or guardians to help with purchasing the needed equipment and/or related costs associated with approved extracurricular activities. These activities include, but are not limited to: basketball, track, wrestling, softball, baseball, soccer, golf, volleyball, dance class, gymnastics, piano lessons, and singing lessons. Summer ball participation would include items such as baseball pants, socks, shoes, belts, helmets, batting gloves, fielding gloves, or bats.

This card may not be used for food, umbrellas, or chairs, etc. Receipts for purchases must be turned in with this form five (5) business days after issuance. Any misuse of the card will disallow participation for future services.

Applicants must meet NAHASDA income guidelines for approval. Applicants must also submit income verification for all household members.

CHILD'S NAME	ACTIVITY

### CONTACT INFORMATION:

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

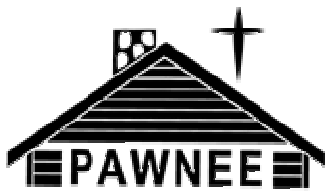
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian) agree to follow the guidelines for receiving this gift card and return this form with attached receipts five business days after issuance.

Thank you,  
Executive Director

Commissioners of the Pawnee Nation Housing Authority

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____
Receipts Returned: _____		PNHA Initials: _____



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## APPLYING FOR YOUTH SERVICES

Name: \_\_\_\_\_ Date Received in Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

## FAMILY COMPOSITION

Last Name	First Name	MI	Gender	Relationship	DOB	SS#
1.				HEAD		
2.				SPOUSE		
3.						
4.						
5.						
6.						
7.						
8.						

## APPLICANT/PARTICIPANT CERTIFICATION

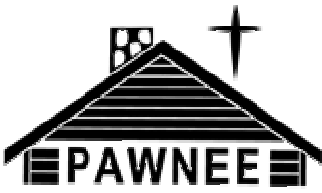
I/We certify that the information given to the Pawnee Nation Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for denial. This application will be invalid unless completely filled out.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date



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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 \_\_\_\_\_

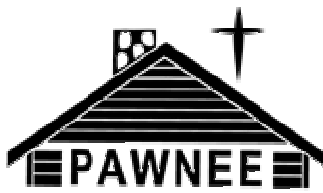
Your estimate of anticipated total earnings next 12 months \$\_\_\_\_\_

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_ Reported By: \_\_\_\_\_

Title: \_\_\_\_\_

Verified by phone  
Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_



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**No. 2022-01**  
**June 14, 2022**

## PROGRAM GUIDANCE

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**PROGRAM:** Indian Housing Block Grant (IHBG)

**FOR:** All Tribal Government Leaders and Tribally Designated Housing Entities (TDHE)

**FROM:** Hilary Atkin, Director for Office of Grants Management, PNPG

**TOPIC:** Income Limits for the IHBG program under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA)

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**Purpose:** This guidance replaces Program Guidance 2021-01 and provides the latest Housing and Urban Development (HUD) Income Limits applicable to the Indian Housing Block Grant (IHBG) program.

**Background:** HUD Notice [PDR-2022-01](#), published April 18, 2022, contains the methods used to calculate the FY 2022 Fair Market Rents (FMR) and enumerates the procedures for interested parties to request reevaluations of their FMRs. The FY 2022 FMRs are based on the updated metropolitan area definitions published by the Office of Management and Budget on September 14, 2018, and incorporated by the Census Bureau into the 2019 American Community Survey data. FMRs are used to establish Median Family Income (MFI) limits for the IHBG program.

The FY 2022 area and State FMI are available on HUD's website at:

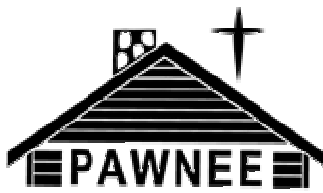
<https://www.huduser.gov/portal/datasets/il.html#2022>

To find an FMI for a specific area, under the section title, "Access Individual Median Family Income Areas" click the link, "Click Here for FY 2022 MFI Documentation" then search on the appropriate geographic area.

Recipients of IHBG funding must ensure Annual Income of program participants do not exceed FMI. [Program Guidance 2013-05](#) addresses the three Annual Income definitions that recipients may adopt in their policies to compute Annual Income to determine program eligibility.

**Guidance:** Pursuant to 24 CFR §1000.10, median income for the IHBG program is defined as the greater of:

- 1) The median income of the counties, or their equivalent in which the Indian area is located; or



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## PROGRAM GUIDANCE 2022-01

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### 2) 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. 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 United States FMI limit. The United States MFI for FY 2022 is \$90,000. Therefore, the adjusted income limits for family size and 80 and 100 percent of MFI are shown below.

	2022 Median Family Income			\$90,000				
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$50,400	\$57,600	\$64,800	\$72,000	\$77,800	\$83,600	\$89,300	\$95,100
100%	\$63,000	\$72,000	\$81,000	\$90,000	\$97,200	\$104,400	\$111,600	\$118,800

### 2022 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-person	3-person	4-person	5-person	6-person	7-person	8-person
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 increasing for each additional person as shown in the following table.

9-person	10-person	11-person	12-person	13-person	14-person	15-person	16-person
140%	148%	156%	164%	172%	180%	188%	196%

For example, to calculate the 10-person, 80 percent 2022 U.S. MFI Limit first find that for 4-persons. The 4-person, 80 percent 2022 U.S. MFI Limit is equal to \$72,000. 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 \$72,000 x 1.48 = \$106,560. Rounding up to the nearest \$100, as is HUD's policy, results in the 10-person, 80 percent 2022 U.S. MFI Limit being \$106,600.

### 2022 Alaska MFI Limits

Due to prevailing levels of construction costs, Tribes or TDHEs located within Alaska, but outside of the service areas that are listed below should use the Alaska MFI to determine income eligibility