

Tribal Funded Housing Program

- Minor Home Repair
- Emergency Housing Assistance

Dear Applicant,

Please complete the application in its entirety. Do not leave any empty boxes; if any question does not apply to you simply write in "N/A". Any application left incomplete will not be processed. In addition to the KTHA Application, we will need copies of the following:

Minor Home Repair

- Tribal I.D. or CDIB (Certificate of Degree of Indian Blood) for the Homeowner.
- Property Deed verifying proof of home ownership.
- Current Utility Bill showing homeowner's name.
- Home receiving repairs must be the primary residence of the homeowner; and the homeowner must be currently living in the home. Assistance will be provided per household, not per tribal member.

Minor Home Repair may be provided to enrolled Kiowa Tribal Members within the Kiowa Tribal Service Area: Caddo, Kiowa, Comanche, Tillman, and Cotton counties. Payments will be made directly to the companies or vendors, no payments will be made to tribal members. Assistance will be provided only once in a 24-month period.

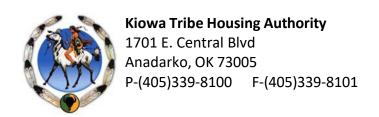
Emergency Housing Assistance

- Tribal I.D. or CDIB (Certificate of Degree of Indian Blood) for the applicant.
- Proof of natural disaster/emergency must be provided (report from fire department, letter from utility company stating loss of services due to inclement weather, police report, etc.)
- Proof of residence: utility bill, rent agreement, mortgage document showing applicant's name.
- Applicant must be an enrolled Kiowa Tribal member and the head of household. Assistance will be provided per household, not per tribal member.

Emergency Housing Assistance will be provided to enrolled Kiowa Tribal members, within the United States, who have experienced an unforeseen emergency. Kiowa Tribal member must be the head of household. Assistance is for the immediate need in the event of an emergency: fire, flood, tornado, or loss of electricity due to extreme weather conditions.

I have read and understand the above information. I also understand that the above information is not all inclusive, and other documentation may be required to determine my eligibility for assistance. I understand that my application for assistance is not complete until all required documentation is submitted.

Applicant Signature:	Date:
Printed Name:	



OFFICE USE ONLY: DATE & TIME RECEIVED

TRIBAL FUNDED HOUSING PROGRAM - APPLICATION

Date									
Applicant Information	n (Head of	Househo	old)						
Applicant's Name	,		,			Tribe			
Date of Birth			SSN			Tribal Roll	No.		
Address			<u> </u>						
City				State		Zip Code		County	
Phone #					Alt. Phone #				
Marital Status	OMarı	ried	0:	Single	○ Widowe	ed (Other:		
Household Infor									
Please list all member	s of your h	ousehol	d. Provide	e name, re	lationship, date	of birth, SSN	I, and Triba	l affiliation.	
Household Member		Relatio	onship to	Applicant	Date of Birtl	h	SSN	Triba	al Affiliation
			Applica	ınt					
For every person listed,	we may req	uest copi	ies of Tribo	al enrollme	nt verification or (CDIB, Birth Cei	rtificate and	Social Secur	ity Card.
2) Type of Assistance	-								
Please describe th	e reason f	for requ	uesting a	ssistance	. Please attach	supporting	g documer	itation:	

order to determine my eligibility for housing assistant	ce, with my signature, I hereby authorize the Kiowa Tribe Ho
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order to determine my eligibility for housing assistand uthority to obtain any and all information necessary to oplicant Signature	o make the determination on my eligibility.
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