

**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 - No longer accepting applications as of 03/28/2025 at 4:30 p.m.

- 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.

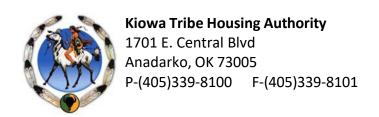
## **Emergency Housing Assistance**

- 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 Informatio   | n (Head of   | Househo  | old)    |                         |                                 |              |              |        |                |
| Applicant's Name   | ir (ricaa or | riouseri | Jiuj    |                         |                                 | Tribe        |              |        |                |
| Date of Birth  |              |          | SSN     |                         |                                 | Tribal Roll  | No.          |        |                |
| Address  |              |          |         |                         |                                 |              |              |        |                |
| City   |              |          |         | State                   |                                 | Zip Code     |              | County |                |
| Phone #  |              |          |         |                         | Alt. Phone #                    |              | ı            |        |                |
| Marital Status   | OMarr        | ried     | 0       | Single                  | Widowe                          | ed (         | Other:       |        |                |
| 1) Household Infor<br>Please list all member<br>Household Member   |              |          |         | e name, re<br>Applicant | lationship, date  Date of Birtl |              | I, and Triba |        | al Affiliation |
|  |              |          | Applica | ant                     |                                 |              |              |        |                |
|  |              |          |         |                         |                                 |              |              |        |                |
|  |              |          |         |                         |                                 |              |              |        |                |
|  |              |          |         |                         |                                 |              |              |        |                |
|  |              |          |         |                         |                                 |              |              |        |                |
|  |              |          |         |                         |                                 |              |              |        |                |
|  |              |          |         |                         |                                 |              |              |        |                |
|  |              |          |         |                         |                                 | 2010 0: 11 6 |              | 6 : 16 | ·· · · ·       |
| For every person listed,  2) Type of Assistance Please describe th | e Request    | ed       |         |                         |                                 |              |              |        | ity curu.      |
|  |              |          |         |                         |                                 |              |              |        |                |

|  | e, with my signature, I hereby authorize the Kiowa Tribe | · Hou |
|--|--|-------|
| order to determine my eligibility for housing assistance uthority to obtain any and all information necessary to   | make the determination on my eligibility.                | : Hou |
| order to determine my eligibility for housing assistance uthority to obtain any and all information necessary to   |  | : Hou |
| order to determine my eligibility for housing assistance at the action of the action o | Date  A USE ONLY   |       |
| order to determine my eligibility for housing assistance athority to obtain any and all information necessary to oplicant Signature  KTHA Application complete: Yes No   | make the determination on my eligibility Date            |       |
| order to determine my eligibility for housing assistance at thority to obtain any and all information necessary to oplicant Signature  KTHA Application complete: Yes No mergency/Incident verified: Yes No n/a  | Date  Supporting documentation received: Yes             |       |
| pplicant Signature  KTHA Application complete: Yes No Emergency/Incident verified: Yes No n/a Approved or Denied:  | Date  Supporting documentation received: Yes             |       |
| pplicant Signature  KTHA Application complete: Yes No Emergency/Incident verified: Yes No n/a Approved or Denied:  | Date  Supporting documentation received: Yes             |       |
| pplicant Signature  KTHA Application complete: Yes No Emergency/Incident verified: Yes No n/a Approved or Denied:  | Date  Supporting documentation received: Yes             |       |
| Consent for Release of Information  order to determine my eligibility for housing assistance authority to obtain any and all information necessary to applicant Signature  KTHA Application complete: Yes No Emergency/Incident verified: Yes No n/a Approved or Denied:  Comments:  | Date  Supporting documentation received: Yes             |       |