

CONTACT

Completed Kaw Nation Housing Improvement Program Applications may be submitted to the following:

Kaw Nation
P.O. Box 50
Kaw City, OK 74641

EMAIL:
iwilliams@kawnation.com

PHONE: 580-269-2552

APPLICATION CHECKLIST

<input type="checkbox"/> Verification of Enrollment for all Kaw Nation Tribal Citizens living in the household.	<input type="checkbox"/> Home ownership verification (i.e., copy of deed).
<input type="checkbox"/> Quote(s) from contractors or suppliers for selected project(s)	<input type="checkbox"/> Proof of Veteran Status (if applicable)
<input type="checkbox"/> Proof of Medical Disability (if applicable)	<input type="checkbox"/> Proof of Income Below 300% of Federal Poverty Guideline (Tax Returns, W2, 2 Paystubs, Social Security Income, etc.)

APPLICANT CERTIFICATION

I certify that all the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

Printed Name:	
Signature:	
Date:	

FOR OFFICIAL USE ONLY	
Date application received by Nation:	
Tribal Enrollment Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Verified:
Proof of Home Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Disability/Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Income: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Quotes from Contractors/Suppliers Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	



HOUSING IMPROVEMENT PROGRAM

BUREAU OF INDIAN AFFAIRS-AMERICAN RESCUE PLAN ACT

OVERVIEW

The Kaw Nation received funds from the United States Treasury Department under the American Rescue Plan Act. This program will provide Kaw Nation Tribal Citizens with assistance for home repair. The Housing Improvement Program is based on providing a safe and healthy home environment and is meant to alleviate some of the financial stress that many individuals have faced due to the COVID-19 pandemic.

A maximum amount of up to \$10,000 will be given to eligible tribal citizens. **Applicants may choose assistance with weatherization projects, HVAC replacement projects, roof repair, or floor repair.**

The Kaw Nation Housing Improvement Program is designed to provide non-taxable economic relief to Enrolled Tribal Citizens.

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APPLICANT PERSONAL INFORMATION

Applicant Name:	
Date of Birth:	
Age:	
Physical Address:	
Mailing Address:	
Phone Number:	
Email Address:	
Enrollment Number:	

PRIORITY RANKING

Due to the limitation of funding, applications will be rated according to the following point system:

PRIORITY	POINTS
Fully completed applications	5
Elders in the home (55+)	4
Veteran in the home	3
Disabled Individuals who reside in the home	2
Low-Income Households (under the 300% FPL)	1

APPLICATION REVIEW PROCEDURE

The Administration, or designee, will review all applications for all programs in the order that they are received and determine whether the applicant meets the Program's eligibility requirements and that applicant has submitted all of the necessary documentation.

If the applicant meets the requirements and has submitted all necessary documentation to the satisfaction of the Kaw Nation, then the Kaw Nation, or designee, will approve the application within (10) business days and notify the applicant may make the necessary home repairs

However, if the applicant fails to meet the above requirements, then the applicant will be denied and provided the reason for the denial. Although an applicant is denied for the Housing Improvement Program, there may be other avenues that are more appropriate to accomplish the desired goals and the applicant will be encouraged to proceed with an application for that respective program.

All determinations by the Kaw Nation are final unless the applicant can provide all required documentation within the duration of the program and resubmit according to the above procedures.

HOME REPAIR SELECTION

The Kaw Nation will provide up to \$10,000 in Housing Improvement assistance in one or more of the following categories:

Weatherization Projects: applicants may choose projects that relate to improved weatherization of their home. This includes window replacement or installation of R-33 insulation.

HVAC Unit Replacement: applicants may elect to have their HVAC unit replaced to improve heating/cooling and air circulation in the home.

Roof/Floor Repair: applicant may elect to have their roof or floor repaired. These projects must be necessary to maintain the structural integrity of the floor or roof. Applicants may not use this funding for new carpet/tiles/etc.

All applicants must obtain a quote from a licensed and insured contractor that gives an estimated cost of the work to be completed in the home.

By checking a box below, I certify that I am selecting the checked project.

PROJECT SELECTION	QUOTED PRICE
<input type="checkbox"/> Weatherization Project: <i>(Please describe work to be completed)</i> _____ _____ _____	
<input type="checkbox"/> HVAC Replacement Project: <i>(Please describe work to be completed)</i> _____ _____ _____	
<input type="checkbox"/> Roof Repair: <i>(Please describe work to be completed)</i> _____ _____ _____	
<input type="checkbox"/> Floor Repair: <i>(Please describe work to be completed)</i> _____ _____ _____	

HOUSEHOLD INFORMATION

Please provide information regarding each individual who resides in the home (verification of veteran status and/or disability required to receive priority points):

NAME:	AGE:	IS THIS PERSON A VETERAN?	DOES THIS PERSON HAVE A DISABILITY?
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	<input type="checkbox"/> ELDER (55+) <input type="checkbox"/> ADULT (18-54) <input type="checkbox"/> CHILD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICANT HOUSEHOLD INCOME

Additional consideration will be given to households whose income is at or below 250% of the 2021 Federal Poverty Guidelines.

Persons in Household	Federal Poverty Guideline
1	\$0-\$32,200
2	\$32,201- \$43,550
3	\$43,551- \$54,900
4	\$54,901- \$66,250
5	\$66,251- \$77,600
6	\$77,601- \$88,950
7	\$88,960- \$100,300
8	\$100,301-\$111,650

By checking this box, I certify that my household income is within the 300% of the Federal Poverty Guideline based on my household size.