



COVID-19 RESPONSE PROGRAM

802 W. Hardee St. · Anadarko, Oklahoma · 73005

HOUSEHOLD ASSISTANCE

General Information

Household Assistance, under the Kiowa Tribe COVID-19 Response Program, is intended to assist Kiowa Tribal households stabilize by providing financial support when income has been reduced or diminished due to quarantine mandates. The funding under this program is to assist with expenses for utility bills, groceries, and other essential household necessities during the ongoing pandemic. The total amount of Household Assistance authorized for each item cost is as detailed below:

- Utility bill(s) cost **shall not exceed:** \$400.00 per household
- Grocery cost is determined by the size of the household but **shall not exceed:** **\$500.00** per household

Payments will go directly to the utility company by the Kiowa Tribe COVID-19 Response Program. Applicants may NOT be reimbursed through the Household Assistance Program. It is the responsibility of the family to initiate the Household Assistance Request. Information will only be taken and shared with the authorized individual who is completing the request.

Eligibility Requirements

*** Applicant must be able to verify that he/she was positive for COVID within the past six (6) months!**

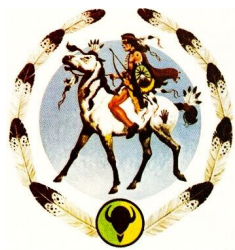
The Household Assistance Program is provided on a first-come first-serve basis. Funding will **NOT** be provided unless the following criteria is met:

A completed request form with all required documents:

- ☐ **Request Form** – completed, signed, and dated
- ☐ **Copy of Tribal I.D Card** – verifying Kiowa Enrollment
- ☐ **Utility Bill(s)** – copy of utility bill(s) in the applicant's name or household Tribal members name. Account number must be visible.
- ☐ **Income Verification** – proof of income for all household members over the age of eighteen (18).
- ☐ **Zero Income Verification form** – if applicable.

Note: There will be a processing period after the request is completed, and documents required for Household Assistance must be submitted before the request can be processed.

Approved by: _____ Date: _____



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Date: _____

Applicant Personal Information:

Name:	
Address:	City/State/Zip:
Phone Number:	
Email Address:	

Household: List all persons who resides in household

Name: (Last, First)	Relationship to Applicant	Kiowa Tribal Enrollment Number	Birthdate	Social Security #

Income Verification: List all income for household members over the age of eighteen (18)

Household Member with Income	Source of Income (Employer, Social Security, SSI, Veterans Benefit, Unemployment, other):	Monthly Amount:

If a household member has no income, the member must complete the Zero Income Verification form attached on this Request.



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Acknowledgement and Signature:

The above information is correct to the best of my knowledge. I acknowledge that the Kiowa Tribe COVID-19 Response Program reserves the right to revise, modify, delete, or add to any of the Household Assistance Program depending on funds available. Further, I understand that any false statement or information provided in this form is in violation of federal law. Any misinformation or fraud will be investigated, and I will be responsible to refund the program.

SIGNATURE

DATE

For Office Use Only:

ARPA Request Form , completed, signed, and dated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Tribal I.D Card , verifying Kiowa Tribal enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Utility Bill(s) , copy of utility bill(s) in the applicant's name or household Tribal members name. Account number must be visible.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Verification , proof of income for all household members over the age of eighteen (18). Acceptable forms of proof include: <ul style="list-style-type: none">• Last two pay stubs• Unemployment documents if unemployed• Retirement benefits letter for current year• VA benefits statement for current year• Social Security award letter for current year• Social Security statements Or, Zero Income Verification Form	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Zero Income Certification

I, _____, hereby certify that I do not have income from any source, including, but not limited to the following:

- ☐No ☐Yes Self-employment (yard maintenance, house cleaning, baby-sitting, etc.)?
- ☐No ☐Yes Operation of a business or rental income from real or personal property?
- ☐No ☐Yes Unemployment, Social Security, Department of Human Services assistance, Veterans Administration, Workers Compensation, retirement funds, pensions, disability or death benefits?
- ☐No ☐Yes Allowances such as alimony, child support, or gifts received from persons not living in the home?
- ☐No ☐Yes Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees, and book? If so, how much:

I agree to notify the Kiowa Tribe COVID-19 Response Program immediately, if there is any change in my income. I acknowledge that any misrepresentation of income, assets or family composition used from my application to determine eligibility may result in termination of participation in the program, or I may be required to repay the monies received.

Signature of application or adult household member

Date