

**KICKAPOO TRIBE OF OKLAHOMA
AMERICAN RESCUE PLAN ACT
HOUSING IMPROVEMENT APPLICATION**

Mailed: Kickapoo Tribe of
Oklahoma
Attention: ARPA
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Chasity Longhorn
ARPA Caseworker

The Business Committee of the Kickapoo Tribe of Oklahoma has declared that a public health emergency does still exist for the Kickapoo Tribe of Oklahoma due to Coronavirus-19. Relief funding for housing improvements is allowed under the American Rescue Plan Act Funds if a member has experienced an economic harm, such as loss of earnings or revenue, that resulted from the COVID-19 public health emergency and whether, and the extent to which, the use of the relief funding would respond or address this harm. The Business Committee recognizes that our community and its members have had a negative economic impact due to the pandemic. The Business Committee recognizes that the recovery funds that Kickapoo Tribe of Oklahoma received will respond to the direct and immediate needs of the pandemic and its negative economic impacts and, in particular, the needs of households that were disproportionately and negatively impacted by the public health emergency. The Business Committee recognizes our tribal community as a low-income community and that as minorities we have faced more severe health and economic outcomes during the pandemic, such as low wage or insecure employment, concentrated neighborhoods with less economic opportunity, and pre-existing health disparities.

To qualify for the KTO ARPA Housing Improvement Program, you must meet the following requirements:

- ✓ **Applicant is a Kickapoo Tribe of Oklahoma Tribal Member (CDIB Required)**
- ✓ **Applicant is a homeowner**
- ✓ **Home must be the applicant's primary residence**
- ✓ **No outstanding debt owed to any housing division**
- ✓ **Oklahoma Resident**
- ✓ **Low Income**

Additionally, in order to qualify, each member must certify that they have experienced a negative economic impact from the pandemic and must meet one or more of the following conditions as a result of the Coronavirus-19 Pandemic.

- **Low wage or unemployment**
- **Business closure**
- **Need of medical supplies and/or equipment**
- **Covid-19 symptom resulting in quarantining or social distancing**
- **Survivor's benefits to surviving family members of COVID-19 victims**
- **Considered at high risk due to medical health or age and in need of protective materials/supplies**
- **Termination of employment, or inability to gain employment or furlough from employment**
- **Daycare, school, or any educational institution closure**

**FALSIFIED APPLICATIONS ARE SUBJECT TO PROSECUTION
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Attached with application is: Copy of CDIB
Copy of Deed
Three or more quotes for the home repairs**

Applicant Name: _____ Enrollment #: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Are you the homeowner? Yes _____ No _____

Are you still paying mortgage? Yes _____ No _____

Provide a brief description of the repairs needed.

Have you provided three or more bids for your repairs? Yes _____ No _____

Have you ever received any help or funding from any tribal HIP programs? Yes _____ No _____

Eligibility Income Guidelines but Not Limited To

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
\$78,550	\$73,800	\$69,050	\$64,300	\$59,500	\$53,550	\$47,600	\$41,650
-\$73,801	-\$69,051	-\$64,301	-\$59,501	-\$53,551	-\$47,601	\$41,651	or below

Level of household income: _____

Number of household members: _____

Please list all members living in the household

Name	Relation	DOB
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Applicant's Signature: _____ Date: _____

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By signing, I do hereby certify that I have agreed to the Kickapoo Tribe of Oklahoma's ARPA Housing Improvement Program Application. I acknowledge and have experienced a negative economic impact by the Covid-19 pandemic, including but not limited to the list before and qualify for Housing Improvement Funds. I understand it is my responsibility to provide all necessary documentation.

DO NOT WRITE BELOW THIS LINE

For Office Use Only

Applicant Name: _____ Date: _____

Household must be income eligible

Level 1	1 point
Level 2	2 points
Level 3	3 points
Level 4	4 points
Level 5	5 points
Level 6	6 points
Level 7	7 points
Level 8	8 points

Number of household members

1 or 2	1 point
3 or 4	2 points
5 or 6	3 points
7 or more	4 points

Cost of Repair Bid

\$1,000 or under	1 point
\$1,000 - \$2,000	2 points
\$2,000 - \$3,000	3 points
\$3,000 - \$4,000	4 points
\$4,000 - \$5,000	5 points
\$5,000 - \$6,000	6 points
\$6,000 - \$7,000	7 points
\$8,000 and up	8 points

Need determination for specific population

Elderly (60 & older)	10 points
Disabled	10 points
Children ages 0-6	10 points

Income Eligibility	Points
Number in Household	Points
Specific Population	Points
Cost of Repair Bid	Points
Total Points =	Points

Approved

Denied

Repair payment amount: _____ Reason: _____

CHECK LIST: Application Copy of CDIB Copy of Deed Repair Bids

Amount Paid: _____ ED Approval: _____

Accounting Code: 500438/81100/985/ARP

Property Director Approval: _____ Finance Approval: _____

ARPA worker: _____