



**the
Chickasaw Nation**
Department of Community Services

1901 North Broadway / Ada, OK 74820 / (580) 272-5499 / Fax (580) 272-5468

Bill Anoatubby
Governor

APPLICATION FOR PRIVATE DRIVEWAY REPAIR – CONSTRUCTION

This program is designed to meet the needs of low income Chickasaw seniors and low income Chickasaw veterans living within the Chickasaw Nation and/or families with special needs or disabilities as defined in 24 CFR Part 8.3.

The following information you provide will not be released to the public and will remain confidential with the Chickasaw Nation Roads Program.

1. GENERAL INFORMATION:

Name: _____
Last First Middle Suffix

Address: _____
Street City County State ZIP

Home phone: (____) _____ Work phone: (____) _____ Message phone: (____) _____

Birth date: _____

Annual Family Income: _____

(Please verify proof of all income within the household by providing a copy of federal income tax return of all persons residing at address, excluding minors.)

Family Members Living at This Address:

(Please list all family members ages 6 or older currently living at this address):

Name: _____	Birth date: _____	SSN: _____
Name: _____	Birth date: _____	SSN: _____
Name: _____	Birth date: _____	SSN: _____
Name: _____	Birth date: _____	SSN: _____
Name: _____	Birth date: _____	SSN: _____
Name: _____	Birth date: _____	SSN: _____
Name: _____	Birth date: _____	SSN: _____

ARE YOU A CHICKASAW CITIZEN? Yes No

(Please attach a copy of CDIB and Chickasaw citizenship identification.)

ARE YOU A CHICKASAW VETERAN? Yes No

(Please attach a copy of DD214, NGB22, retired ID card, veteran identification card or a state issued driver's license with veteran logo; applicants must have been honorably discharged.)

HAVE YOU RECEIVED SERVICES BEFORE? Yes No

If yes, date services completed: _____

IS YOUR HOME LOCATED WITHIN CITY LIMITS? Yes No

DIRECTIONS TO SITE: (Starting at a landmark or highway intersection)

DO YOU OWN THE PROPERTY TO BE SERVED? Yes No

(Please provide proof of ownership; if you do not own the property, list property owner and relationship to you.)

Property owner's name: _____

Relationship to you: _____

2. DRIVEWAY INFORMATION:

Is your driveway: Existing or New construction

What type of driving surface do you have? Dirt Asphalt Gravel Concrete

Rate the condition of your driveway:

Overall good, but with problem areas

Rough, many potholes or washouts

Poor, with potholes or ruts

Severe, impassable for most vehicles

Estimate the length of your driveway: _____ **Ft.**

Do you or a family member have a medical condition or disability that requires any special needs concerning your driveway?

If so please explain: _____

I hereby certify that the facts set forth in the above driveway application are true and complete to the best of my knowledge. I understand that false or erroneous information can cause termination of application.

Applicant signature: _____ Date: _____

Chickasaw Nation Roads Program - Driveway Program
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