



*the*  
**Chickasaw**  
**Nation** DEPARTMENT OF COMMUNITY SERVICES

DIVISION OF HOUSING | 111 ROSEDALE ROAD  
POST OFFICE BOX 788 | ADA, OK 74821-0788 | (580) 421-8800

*Bill Anoatubby*  
Governor

*Chris Anoatubby*  
Lt. Governor

Dear Applicant:

The mission statement of the Chickasaw Nation is “to improve the overall quality of life of the Chickasaw people.” The Home Improvement Grant Program is an income-based program that can assist Chickasaw homeowners with a grant of up to \$7,500, to make improvements to their homes, assuring that all eligible Chickasaws across the U.S. may have improved housing conditions for their families. Total household income cannot exceed 100 percent of the U.S. median income.

We are pleased to provide you with an application. Applications must be completed and returned with all required documents before eligibility can be determined. Incomplete applications will not be processed and will be returned to you. The documents required are:

- a completed, signed application;
- release of information form for all household occupants 18 years of age or older;
- copy of warranty deed to the property, or title if the residence is a mobile home, showing ownership by the Chickasaw applicant;
- disclosure of all income for Chickasaw applicant, spouse and all other household occupants 18 years of age or older;
- documentation of income for applicant, spouse and all household occupants 18 years of age or older, including the previous year’s income tax return(s), including W-2 forms. If no tax return was not filed, the most recent award letter for social security, supplemental security (SSI) income, retirement, Veterans Affairs compensation, pension or other documentation of income must be included;
- photo identification, such as a driver’s license

We appreciate the opportunity to serve you and look forward to working with you to improve your home.

Sincerely,

Housing Management and Counseling Services

Enclosure

## Home Improvement Grant (HIG) INFORMATION SHEET

The home improvement grant program can be used to make improvements to your home.

Some improvements may require a licensed professional such as electrical, plumbing, gas, and heating/air. Previously improved items need prior approval. You may contact a contractor in your area and have the business provide an estimate for your improvement. Each contractor's estimate must list the contractor's name, address and phone number. The estimate needs to include where the repairs are being done (your name and address). Improvement estimates must be itemized, for instance, materials and labor. Once approved, a check will be issued, made payable to you and the contractor. Reimbursement cannot be made for any improvement completed prior to our notification to you of grant availability.

Once your application is approved, your estimate can be mailed to P.O Box 788, Ada, OK 74820, sent by fax to 580-559-0720, or e-mailed to AdmissionsDept@chickasaw.net. The estimate for improvements must be received within 30 days of the date of this letter.

Examples of eligible items for home improvement grants include the following:

- Roofing repair
- Hot water tanks
- Heating and air repair
- Siding/exterior repair
- Flooring/Carpet
- Foundation issues
- Windows/doors
- Lighting
- Paint
- Cabinets and/or countertops
- Kitchen remodel
- Electrical repair
- Bath remodel
- Plumbing/gas repair
- Water wells, pumps, water lines
- Handicap accessibility items
- Piers
- Sewage problems including lateral lines
- Gravel to enable access to the residence

Examples of ineligible items for HIG include, but are not limited to the following:

- Fencing/gates
- Add-ons
- Security systems
- Storage buildings/barns
- Landscaping
- Swimming pools/spas/hot tubs
- Gazebos/pergolas
- Reimbursements of any kind

For questions regarding estimates or item eligibility, please contact our office at 580-421-8800 between the business hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.



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**Department of Community Services**

**Housing Division**

111 Rosedale Road / Post Office Box 788 / Ada, Oklahoma 74821-0788  
(580) 421-8800 / Fax (580) 559-0720

**Bill Anoatubby**  
Governor

**HOME IMPROVEMENT GRANT APPLICATION**

Name of applicant: \_\_\_\_\_ Birth date: \_\_\_\_\_  
First Middle Last Suffix

Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Mailing address: \_\_\_\_\_

County: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

List improvements you need to have made to your home. A list of eligible work items is attached for your review.

Have you previously received a home improvement grant?  Yes  No If yes, date: \_\_\_\_\_

Are you a veteran, honorably discharged?  Yes  No If yes, please provide Form DD214.

Certification: I certify by my signature below that the information provided in this application is true and correct. I further acknowledge that any misrepresentation or withholding of information in applying for assistance shall be considered grounds for ineligibility. The housing division reserves the right to seek legal action and/or remedies against any applicant on the basis of fraud.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Division Use Only**

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



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**Department of Community Services / Housing Division**

111 Rosedale Road / P.O. Box 788 / Ada, OK 74820-0788 / (580) 421-8800 / Fax (580) 421-8885

**Bill Anoatubby**  
Governor

**Request for Release of Information**

Family/individual: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
 Same as Mailing Street City State ZIP

Phone: Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

You are requested to provide the Chickasaw Nation Housing Division any information from your records which is needed by the housing division in determining eligibility for the above named participant/tenant and his/her family.

Your cooperation and prompt return of the information will be appreciated and this information will be held in confidence and used only by the housing division as legally permissible.

I give my permission for you to release this requested information to the Chickasaw Nation Housing Division.

\_\_\_\_\_  
Signature of head of household

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Signature of spouse

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Signature of other adult member

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Signature of other adult member

\_\_\_\_\_  
Social Security number



**Family Summary Sheet**  
(list only members in your household)

Name: \_\_\_\_\_  
First Middle Last Suffix

Head of household: \_\_\_\_\_

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Relationship: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

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First Middle Last Suffix

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