



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 Handicap Accessibility Grant program is an income-based program that can assist Chickasaw homeowners with a grant of up to \$7,500.00, for improvements to their homes, assuring that all eligible Chickasaws across the U.S. may have accessible 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; and
- disability form, with comment section completed, verified by physician. This information helps Housing determine what modifications are needed to best fit your disability.

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

Sincerely,

Housing Management and Counseling Services

Handicap Accessibility Grant (HAG) INFORMATION SHEET

The handicap accessibility grant program can be used to make improvements to your home to make it more accessible and easier to live in.

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 handicap accessibility grants include the following:

- Remodel of bathroom including:
 - o ADA compliant toilet
 - o No touch faucets
 - o ADA compliant, walk-in or wheelchair accessible shower/tub
 - o handheld showerheads
 - o no-touch faucets
- Ramps
- Stair lifts
- Wider doorways
- Removal of carpet for ease of movement with wheelchairs or walkers
- Installation of carpet for softer, warmer floors
- Kitchen remodel including:
 - o Lower countertops and cabinets
 - o stove with knobs on front
 - o no-touch faucets
 - o pull-down shelving

Examples of ineligible items for handicap accessibility grants include, but are not limited to the following:

- Painting
- Roof repair
- Additions
- Any items that do not provide handicap accessibility
- 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.



Bill Anoatubby
Governor

THE CHICKASAW NATION HOUSING DIVISION
111 Rosedale Road/P.O. Box 788/Ada, Oklahoma 74821-0788
(580) 421-8800/Fax (580) 559-0720

VERIFICATION OF DISABILITY

Name: _____ Date: _____
First Middle Last Suffix

Address: _____

The above named individual is an applicant of the Chickasaw Nation Housing Division, and has indicated that he/she is a disabled person. If the participant has not been determined "disabled" by the Social Security Act, verification of disability must be verified by the attending physician. All information is confidential and will be used only by the Chickasaw Nation Housing Division.

_____ Date _____ Housing representative

I hereby authorize the release of this information to the Chickasaw Nation Housing Division.

_____ Date _____ Tenant/participant signature

***** The information below is to be completed by the attending physician. *****

I, _____, do hereby verify that I am the attending physician for _____ I verify that my patient meets the following definition of disability.

The term "disability" means – inability to engage in any substantial gainful activity by reason of any medical determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

Comments: _____

The above information is true and correct to the best of my knowledge. I understand any false information or statements are punishable under federal law.

Physician signature: _____ Date: _____
Firm name: _____ Phone: _____
Address: _____



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: _____

Name: _____
First Middle Last Suffix

Relationship: _____ Gender: _____ Birth date: _____

Name: _____
First Middle Last Suffix

Relationship: _____ Gender: _____ Birth date: _____

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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