

Comanche Nation

Home Improvement Program



P.O.Box 908

Lawton, OK 73502

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Emergency Assistance Home Repair Guidelines

ONE TIME ASSISTANCE ONLY

Requirements for Emergency Assistance:

1. Must be an Enrolled Member of the Comanche Nation
2. Must own the home and reside there

Please provide a copy of the following documents:

1. Deed to the Home or Lease Cancellation
2. Certification of Degree of Indian Blood

Assistance for Emergency repairs to home only

1. NO Luxury Items
 - a. Carpeting
 - b. Ceiling Fans
 - c. Central Heat and Air Units
2. NO Outside Buildings or Sheds
3. NO Fencing
4. NO Storm Shelters
5. NO NON-EMERGENCY Home Decorating or Upgrading

NO ASSISTANCE FOR:

1. Mutual Help Homes
2. Comanche Nation Housing Units (Must be paid off)
3. Renters of Apartments or Homes

PRIVACY ACT STATEMENT

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on an individual to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) which authorizes authorities the solicitation of the information and whether the disclosure of such information is mandatory or voluntary.
- B. The principal purpose or purposes for which the information is intended to be used.
- C. The routine uses which may be made of the information, as published pursuant to CFR 25, Chapter, Subchapter X.1 part 261.
- D. The effects on him or her, if any, of not providing all or any part of the requested information.

The Bureau of Indian Affairs Housing Assistance Program operates under the general authority of the Snyder Act: 25 U.S.C. 13 and specific rules contained in 25 U.S.C., Chapter I, Subchapter X—Housing, Part 261—Housing Improvement Program. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of applicants. The attached form solicits the required information. The disclosure of such information in the part of the applicant is voluntary; use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining housing assistance under this program.

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I have read the above statement and agree to provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

Signature	Date	Witness	Date

EMERGENCY ASSISTANCE REPAIR APPLICATION

APPLICANT INFORMATION: **PHONE:** _____

NAME: _____

LAST FIRST MI MAIDEN (IF APPLIES)

ADDRESS: _____

STREET/ P.O. BOX CITY, STATE, ZIP

DATE OF BIRTH: _____ **CDIB #** _____

HOME LOCATION: (PHYSICAL LOCATION OR DRAW A MAP ON BACK OF APPLICATION)

ASSISTANCE REQUESTED: (PLEASE PROVIDE BRIEF DESCRIPTION)

RESIDENT INFORMATION: (PLEASE CHECK ONE)

DO YOU RESIDE IN _____ Home from the Comanche Nation Housing Authority
(Please provide Transfer of Ownership Agreement or Lease Cancellation)

_____ Individually owned home
(Please provide Warranty Deed/Trust Property Documents)

APPLICANT'S SIGNATURE

DATE

*****OFFICE USE ONLY*****

APPROVED BY: _____ DATE: _____

NOT APPROVED BY: _____ DATE: _____

REASON: _____

