



**Specialized Services**

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**ARPA Emergency Homeowner  
Assistance Program  
Policies and Procedures**

## **Eastern Shawnee Tribe of Oklahoma**

### **Emergency Homeowner Assistance Program (EHA)**

The requirements, guidelines, and practices enacted and set forth below lay out the foundation for the Tribal Emergency Homeowner Assistance Program (Program). The following policies and procedures lay the framework for guidance in the Program as approved by the Chief and the Business Committee. The Specialized Services Department shall administer the Program.

#### **Purpose**

The purpose of the Program is to provide direct financial assistance, including mortgage, utilities and home energy costs, utilities and energy costs and other expenses related to housing. The Program will make available a limited amount of assistance to households that are unable to pay their mortgage and utilities due to the Covid-19 pandemic. The Program will serve eligible households per guidance set forth below and is subject to available funding.

#### **Eligibility**

An eligible household is defined as a mortgage household in which at least one (1) or more individual(s) meets all of the following criteria:

1. A member of the household must be an enrolled Eastern Shawnee tribal member 18 and over or have tribal children within the home;
2. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due, directly or indirectly, to the Covid-19 outbreak; and
3. Provides documentation of a delinquency on their mortgage payment and/or utilities.

Eligible households that include an individual who has been unemployed for ninety (90) days prior to the application for assistance and households with income at or below fifty (50) percent of the area median income **SHALL** be prioritized for assistance.

#### **Eligible Expenses and Limitations**

Utilities and home energy costs are separately stated charges related to the occupancy of the mortgaged property. Accordingly, utilities include separately stated electricity, gas, water and sewer, trash removal and energy costs, such as fuel oil. Telecommunication services (telephone and cable) are NOT considered to be utilities. Internet services are allowable charges when deemed necessary for distance learning or telework. All payments for housing related expenses must be supported by documentary evidence such as a bill, invoice, or evidence of payment to the provider of the service.

Applicant must have a balance of \$24.99 or less within Social Services annual utility funding to be eligible for **the utility portion of** this program. It is the duty of the applicant to ensure they have the allowed necessary balance with Social Services before sending in ARPA Homeowner Assistance Program applications. Applications that are submitted without all required documentation will experience a delay in processing.

#### **Funding Restrictions**

- Assistance provided to an eligible household should not be duplicative of any other federal or Tribal funded assistance provided to such household.
- For utility funding under the Program the applicant must have used the allowable benefit through the Tribal Health and Social Services Benefits Program.

- If the applicant has used the ARPA Utility and Medical Program in Specialized Services, the applicant is not eligible to use the utility portion of the Program.
- If the applicant has used the ARPA Internet Program in Specialized Services, the applicant is not eligible to use the Program for internet services.

### **Eligibility Determination**

Household income is determined as either the household's total income for calendar year 2022 or the household's monthly income at the time of application. For determining annual income, grantees should obtain at the time of application source documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement), or a copy of Form 1040 as filed with the IRS for the household.

For determining monthly income, applicants must submit income source documentation, as listed above, for at least two (2) months prior to the submission of the application for assistance. For household incomes determined using this method, income eligibility must be redetermined every three (3) months.

Applicants that are at risk of homelessness or other housing instability **must** include past-due notices, utility notices, and delinquent notices with their application to expedite assistance.

### **Assistance Provided**

Eligible households may apply and receive up to three (3) months of assistance at a time (for a total of twelve (12) months), provided funds are available. At least one (1) month must be delinquent, the following two (2) months may be paid towards future payments. The payment of existing housing-related arrears that could result in eviction of an eligible household **SHALL** be prioritized. Households may reapply for additional assistance at the end of the three (3) month period if needed and the overall time limit for assistance has not been exceeded.

Household maximum benefit is three thousand dollars (\$3,000.00) total for mortgage, utilities, and/or utility arrears.

### **Application Process**

Applicant must be an enrolled member of the Eastern Shawnee Tribe of Oklahoma.

An application for Program assistance may be submitted by an eligible household. In general, funds will be paid directly to the mortgage lien holder and utility service providers. In certain events, funds may be paid directly to the eligible household. This decision will be made at the discretion of the Director of Education and Specialized Services with approval from the Chief or Tribal Administrator.

A completed application along with the mortgage/ utilities statement, and possibly a W9 for mortgage or electric company if they are not within our accounting system. must be submitted to the Program. A department employee will then review the application for completeness and to determine eligibility. When necessary, a department employee may request additional information to make this determination. A department employee will notify the applicant of determination of assistance within ten (10) business days of receipt of application.

### **Appeal Process**

If an applicant disagrees with a denial for funding, they may appeal the decision in accordance with the following procedure:

1. Written letter of appeal must be submitted to the Tribal Administrator within ten (10) business days of receipt of denial of assistance.
2. Supporting documentation supporting written letter of appeal must be included in correspondence to Tribal Administrator.
3. The Tribal Administrator has five (5) business days to determine the outcome of appeal and must submit decision in writing to applicant within five (5) business days.
4. If the applicant disagrees with the decision of the Tribal Administrator, they may submit a written appeal to the Chief within five (5) business days. This appeal should include all previous documentation along with any additional documentation showing the request does in fact qualify for the Program. The Chief will respond in writing within five (5) business days.
5. If the applicant is not satisfied with the decision of the Chief, a written request stating the condition of the appeal may be submitted to the Secretary of the Business Committee or the Chief of Staff. The Business Committee will review the request and notify the applicant of their decision within twenty (20) business days from the date of receipt of the appeal. The decision of the Business Committee shall be binding and final.

### **FRAUDULENT SANCTIONS POLICY**

The Eastern Shawnee Tribe of Oklahoma is a federally recognized Indian tribe; therefore, theft of funds from the tribe is a criminal offense, which is punishable by law. This policy was created in order to protect the trust tribal members have placed in the staff of the Eastern Shawnee tribal office and conduct the Specialized Services programs with integrity. This will ensure that funds continue to be available to all the tribal members who have needs and qualify for Specialized Services benefits. The following actions will occur with any fraudulent claims submitted...

- ATTEMPTED FRAUD – Warning with denial of claim package that contained fraudulent material. Multiple attempts shall result in the review of suspension of services
- PROVED FRAUD – One (1) year household suspension from ALL tribal programs, with suspension permanent until repayment of all monies are reimbursed to the tribe
- REPEATED FRAUD – Suspension to be determined by the Business Committee. Suspension could range as far as lifetime banishment from ALL tribal programs

**Eastern Shawnee Tribe of Oklahoma**  
**Tribal Emergency Homeowner Assistance Program**  
**(EHA) Application**

Name: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_

Property is:      Mortgaged      Owned

Telephone: \_\_\_\_\_

Roll #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social security #: \_\_\_\_\_

Marital status:      Single      Married      Divorced      Widowed      Other

Gender:      Male      Female

Reason for application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seeking assistance for:      Mortgage      Utilities/utility arrears      Other

Total number in household: \_\_\_\_\_

List individual household information here:

Name	Relationship to applicant	Age	School/Work/Other
1. _____			
2. _____			
3. _____			
4. _____			

5. \_\_\_\_\_

6. \_\_\_\_\_

If seeking assistance for utility assistance, please provide the below information. If you are submitting utility receipt or not utilizing utilities, you may skip this section in its entirety:

Name of utility company: \_\_\_\_\_

Address of utility company: \_\_\_\_\_

\_\_\_\_\_

Telephone # of utility co.: \_\_\_\_\_

Account number: \_\_\_\_\_

Do you provide authorization for the ESTO program correspondent to speak with the utility company on your behalf in order to process this application in a timely manner?

Yes \_\_\_\_\_

No \_\_\_\_\_

Have any members of this household received state or federal funding from any other source for mortgage or utilities assistance within the last 6 months?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes:

Type of funding: \_\_\_\_\_

Amount of funding: \_\_\_\_\_

Date of funding: \_\_\_\_\_

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**I certify that all the above information is true, complete, and correct to the best of my knowledge. I also certify that is has been given in good faith.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Submit to: Specialized Services Attn Mercedes Lewis [mlewis@estoo.net](mailto:mlewis@estoo.net)  
or Amber Mittag, [amittag@estoo.net](mailto:amittag@estoo.net) Fax 1-888-971-3899 Phone 1-918-238-1663

**Mailing Address**

**10100 S Bluejacket Rd Wyandotte OK 74370**