



# Absentee-Shawnee of Oklahoma Storm Shelter Application

### INSTRUCTIONS

Please fill out this application completely. If a section does not apply to you please mark as NA. A signature is required to complete this application. Once the application is completed send the application, including the required documents, to:

Absentee-Shawnee Tribe of Oklahoma  
2025 S. Gordon Cooper Drive  
Shawnee, OK 74801

**Also remember to include a copy of your valid CDIB and a copy of your Warranty Deed along with this application.**

### GENERAL INFORMATION

Name

Mailing Address

Physical Address – If  
Different from Mailing  
Address

City

State

Zip Code

Home Phone Number

County

Secondary Phone Number (Cell)

CDIB Number: (Attach copy of Tribal Enrollment card)

E-Mail Address

### LOCATION OF HOME IF IN A RURAL AREA

Directions To Home\*  
Include North South (NS)  
and East West (EW) County  
Road Numbers and  
911 Number, If Applicable

**HOME INFORMATION (Check One Only) (Attach copy of Warranty Deed)**

- New Home
- Existing Home
- Manufactured Home

**What Type Of Shelter Do You Prefer\* (Check Only One)**

- Inside Garage
- Outside Under Ground
- Outside Above Ground

**Was Your Home Impacted By Severe Weather Incident Period: May 18, 2013 thru June 2, 2013**

- Yes
- No

If yes explain what the damages were:

**HOMEOWNER RESPONSIBILITIES**

- The homeowner consents to obtain and provide copies of all construction permits, if applicable, and for contacting OKIE for the marking of any underground lines and/or public utilities prior to installation of the storm shelter.
- The homeowner grants permission for the Absentee-Shawnee Trib and its representatives to enter upon or across lands of the homeowner for the purpose of carrying out the project.
- The homeowner will assume responsibility for minor soil settlement, if any, around installed shelter after the installation of the shelter is complete and equipment has been removed from the site.
- Once the warranty has expired the homeowner will assume responsibility for the maintenance and repair, if needed, of the storm shelter.

**APPLICANT CERTIFICATION (read carefully before signing and dating in ink)**

I certify that all of the answers given are true, complete, and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive storm shelter assistance, and that false or misleading statements may constitute a violation of eligibility requirements.

**APPLICANT'S SIGNATURE**

<b>(Print Name)</b>	
<b>(Sign Name)</b>	<b>Date</b>

**“For Office Use Only”**

**Date Application Was Received:**

**Shelter Installation Date:**

**Shelter Inspection Date:**

**Shelter Inspection Approval Date:**

**Vendor Payment Date:**

**Vendor Information:**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**License:/Permit:** \_\_\_\_\_