



Absentee Shawnee Tribe of Oklahoma COVID-19 Home Relief Program

Due to the economic fallout of the coronavirus, the Absentee Shawnee Tribe's Executive Committee recognizes many of our tribal families are or have experienced income loss, income disruption or having overall financial difficulties meeting their monthly obligations for their primary (shelter-in-place) residence. This predicament has the potential to leave our Absentee Shawnee families more vulnerable to the current pandemic.

The home is the focal point in supporting a safe space for individuals and families since the onset of this pandemic. Usually staying within the confines of the home provides reasonable efforts to combat the spread of this disease by social distancing from others.

The Absentee Shawnee **COVID-19 Home Relief Program** is designed to decrease evictions/foreclosures, prevent homelessness and increase home stability by helping Absentee Shawnee families whose income has been adversely affected by COVID-19. The AST Executive Committee is providing a one-time relief payment of **\$500.00** for those who are experiencing affects from this pandemic. **This will be a one (1) payment per tribal member.**

Those who benefit from this assistance are still obligated to pay an accrued rent our housing payments in accordance with their lease or contract. * *For questions or additional information, please email: homerelief@astribe.com or call AST Enrollment @ (405)275-4030 **

COVID-19 Home Relief Program Dates:

Application Acceptance Begins Monday, September 28, 2020 @ 8:00 AM CST
Application Acceptance Ends Friday, October 30, 2020 @ 11:59 PM CST

COVID-19 Home Relief Eligibility:

- Must be an enrolled member of the Absentee Shawnee Tribe of Oklahoma on or before **June 1st, 2020**
 - Must be 18 years of age or older
 - Must have a copy of AST tribal members updated CDIB card (attached to application)
 - Must complete the **COVID-19 Home Relief Program** application for AST tribal members
 - Home mortgage or rental contract must be in the enrolled AST tribal member and/or spouse's name. (if in spouse's name, spouse must reside in the home. AST member & spouse must attached driver's license or state issued IDs)
- NO EXCEPTIONS**
- All applications **MUST BE SUBMITTED ON OR BEFORE FRIDAY, OCTOBER 30th, 2020**

COVID-19 Home Relief Required Documents:

- ✓ Completed **COVID-19 Home Relief Program** application
- ✓ Copy of updated AST CDIB
- ✓ Copy of Driver's License or State issued ID (AST member and/or spouse, as needed)
- ✓ Copy of mortgage (payment) statement or copy of rental lease/agreement

COVID-19 Home Relief Payment NON-ELIGIBILITY: (this is not a comprehensive list)

- Contract for deed payments
- Homeowner's Insurance
- Homeowner association fees

COVID-19 Home Relief Application Submission Options: **NO FAXES**

- By mail to AST Enrollment Department, 2025 S. Gordon Cooper Dr., Shawnee, OK 74801
- By AST website electronic application
- By appointment with AST Enrollment Department
- By email to homerelief@astribe.com



**Absentee Shawnee Tribe of Oklahoma
COVID-19 Home Relief Program**

***** AST ENROLLED TRIBAL MEMBERS MUST HAVE A COMPLETED APPLICATION *****

GENERAL INFORMATION

Last First Middle Maiden

Address City State County Zip Code

Home/Cell Phone Marital Status Date of Birth Sex CDIB No.

Is the applicants' name on lease/title? Yes No
If no, tell us whose name is on lease and their relationship to applicant: _____

{AST tribal or spouse must attach driver's license or state issued ID}

MORTGAGE/RENTAL INFORMATION

Contact Information:

Company/Landlord name:	Phone Number:	Fax Number:
Email Address:	Account name (shown on lease/title) If the account is not in your name, explain?	
Mailing address:	Monthly Rent Amount:	

____ I hereby certifiably understand the information above is true and correct. If requested by the Absentee Shawnee Tribe of Oklahoma, I can provide documentation in support of my attestation of need. I also understand that if any of the above information supplied is found to be false, I can be required to return the payment assistance received.

____ I hereby certifiably understand I have been negatively impacted by the COVID-19 pandemic in ways which have caused or may cause myself and family members of my household to need the COVID-19 Energy Assistance Program.

Print Name

Signature Date