



Kiowa Tribe Housing Authority
 1701 E. Central Blvd
 Anadarko, OK 73005
 P-(405)339-8100 F-(405)339-8101

Tribal Funded Housing Program
 - ~~Minor Home Repair~~
 - ~~Emergency Housing Assistance~~

Dear Applicant,

Please complete the application in its entirety. Do not leave any empty boxes; if any question does not apply to you simply write in "N/A". Any application left incomplete will not be processed. In addition to the KTHA Application, we will need copies of the following:

Minor Home Repair – No longer accepting applications as of 03/28/2025 at 4:30 p.m.

- ~~Tribal I.D. or CDIB (Certificate of Degree of Indian Blood) for the Homeowner.~~
- ~~Property Deed verifying proof of home ownership.~~
- ~~Current Utility Bill showing homeowner’s name.~~
- ~~Home receiving repairs must be the primary residence of the homeowner; and the homeowner must be currently living in the home. Assistance will be provided per household, not per tribal member.~~

~~Minor Home Repair may be provided to enrolled Kiowa Tribal Members within the Kiowa Tribal Service Area: Caddo, Kiowa, Comanche, Tillman, and Cotton counties. Payments will be made directly to the companies or vendors, no payments will be made to tribal members. Assistance will be provided only once in a 24-month period.~~

Emergency Housing Assistance

- Tribal I.D. or CDIB (Certificate of Degree of Indian Blood) for the applicant.
- Proof of natural disaster/emergency must be provided (report from fire department, letter from utility company stating loss of services due to inclement weather, police report, etc.)
- Proof of residence: utility bill, rent agreement, mortgage document showing applicant’s name.
- **Applicant must be an enrolled Kiowa Tribal member and the head of household. Assistance will be provided per household, not per tribal member.**

Emergency Housing Assistance will be provided to enrolled Kiowa Tribal members, within the United States, who have experienced an unforeseen emergency. Kiowa Tribal member must be the head of household. Assistance is for the immediate need in the event of an emergency: fire, flood, tornado, or loss of electricity due to extreme weather conditions.

I have read and understand the above information. I also understand that the above information is not all inclusive, and other documentation may be required to determine my eligibility for assistance. I understand that my application for assistance is not complete until all required documentation is submitted.

Applicant Signature: _____ Date: _____

Printed Name: _____



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**OFFICE USE ONLY:
 DATE & TIME RECEIVED**

TRIBAL FUNDED HOUSING PROGRAM - APPLICATION

Date

Applicant Information (Head of Household)

Applicant's Name				Tribe			
Date of Birth		SSN		Tribal Roll No.			
Address							
City		State		Zip Code		County	
Phone #				Alt. Phone #			
Marital Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Other:						

1) Household Information

Please list all members of your household. Provide name, relationship, date of birth, SSN, and Tribal affiliation.

Household Member	Relationship to Applicant	Date of Birth	SSN	Tribal Affiliation
	Applicant			

For every person listed, we may request copies of Tribal enrollment verification or CDIB, Birth Certificate and Social Security Card.

2) Type of Assistance Requested

Please describe the reason for requesting assistance. Please attach supporting documentation:
