the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Support Services Division
Roads Program
1901 North Broadway / Ada, OK 74820 / (580) 272-5499 / Fax: (580) 272-5468 / Email address: DrivewayProgram@Chickasaw.net

APPLICATION FOR PRIVATE DRIVEWAY REPAIR – CONSTRUCTION

This program is designed to meet the needs of low-income Chickasaw seniors and low-income Chickasaw veterans living within the Chickasaw Nation and/or families with special needs or disabilities as defined in 24 CFR Part 8.3.

The following information you provide will not be released to the public and will remain confidential with the Chickasaw Nation Roads Program.

Applicant information:

Name: _____
First Middle Last Suffix

Mailing address: _____
Street City County State ZIP

Physical address: _____
☐ Same as Mailing Street City County State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____

Work phone no.: (____) _____ Birth date: _____

Annual family income: _____
(Please verify proof of all income within the household by providing a copy of the federal income tax return of all persons residing at the address, excluding minors.)

Are you a Chickasaw citizen? ☐ Yes ☐ No
(Please attach a copy of the Chickasaw citizenship identification card, citizenship will be verified.)

Are you a Chickasaw veteran? ☐ Yes ☐ No
(Please attach a copy of DD214, NGB22, retired ID card, veteran identification card, or a state-issued driver's license with a veteran logo; applicants must have been honorably discharged.)

Have you received services before? ☐ Yes ☐ No
If yes, date services completed: _____

Is your home located within city limits? ☐ Yes ☐ No

Directions to the site (starting at a landmark or highway intersection):

_____

Do you own the property to be served? ☐ Yes ☐ No
(Please provide proof of ownership; if you do not own the property, list property owner and relationship to you.)
If yes, is the property your primary residence? ☐ Yes ☐ No

Property owner's name: _____ Relationship to you: _____

Household member information:

Please list all family members ages 6 or older currently living at this address:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Driveway information:

Is your driveway: ☐ Existing ☐ New construction

What type of driving surface do you have? ☐ Dirt ☐ Asphalt ☐ Gravel ☐ Concrete

Rate the condition of your driveway:

☐ Overall good, but with problem areas ☐ Rough, many potholes or washouts
☐ Poor, with potholes or ruts ☐ Severe, impassable for most vehicles

Estimate the length of your driveway: _____ ft.

Do you or a family member have a medical condition or disability that requires any special needs concerning your driveway? ☐ Yes ☐ No
If yes, please explain:

_____

I hereby certify that the facts set forth in the above driveway repair application are true and complete to the best of my knowledge. I understand that false or erroneous information can cause termination of the application.

_____ _____
Applicant signature Date

Please mail completed application to:
Chickasaw Nation Roads Program - Driveway Program
Post Office Box 788
Ada, OK 74821-0788
Phone no.: (580) 272-5499
Fax: (580) 272-5468
Email address: DrivewayProgram@Chicksaw.net