THE OMAHA TRIBE

American Rescue Plan Act

Home Improvement Program

The Omaha Tribe (Tribe) was awarded $230,564 through the American Rescue Plan Act-Housing Improvement Program (HIP), administered through the Indian Self-Determination and Education Assistance Act, P.L. 93-638, 25 CFR Part 900. Through the HIP, the Omaha Tribe will assist eligible tribal citizens through the Housing Improvement Program. The Housing Improvement Program allow tribal citizens to stay in their homes safely during the COVID-19 pandemic.

There are two categories of available assistance. An applicant may choose one of the following programs:

- **Window Replacement Program**: This program will replace existing windows in the home with those intended for winter weather. This will keep homes warm and habitable during winter months as well as lower the cost of heating for tribal members.
- **Home Skirting and Heat Wrapping Program**: This program supports Omaha citizens that need crucial skirting and water pipe heat-wrapping to improve living conditions in the home. This project will significantly reduce the freezing of pipes during winter months.

Eligibility:

To qualify for the Omaha Tribe's Housing Improvement Program, the applicant must be an enrolled citizen of the Omaha Tribe. An eligible person may be a homeowner or renter. All Omaha tribal members are eligible for both the Window Replacement and Home Skirting and Heat Wrapping Program so long as they live within the service area of the Omaha Tribe.

Application Requirements:

To apply for Omaha's Housing Improvement Program, all applicants must submit all of the following documents:

1. Fully Completed Housing Improvement Application Form.
2. Verified tribal enrollment (active Tribal ID or enrollment number).
3. Statement that the home is the tribal citizen's primary residence.
4. Proof of home ownership (i.e., mortgage deed) or a rental agreement.

Deadline to Apply: August 1st, 2026.

Please fully complete the application to the following individuals:

Please email digital applications to Kenny Appleton @ kenny.appleton@theomahatribe.com.

Physical applications can be turned in to Tracey Nowland at the reception desk within the Tribal Administration building

Applicant Personal and Contact Information			
Applicant Full Name			
Date of Birth		**Tribal Enrollment Number**	
Full Address (Street, City. Zip)			
Phone Number	( ) -	**Email Address**	
Is this home your primary residence? Yes ☐ No ☐			
Which Housing Improvement Program are you participating in?	☐ Window Replacement Program ☐ Skirting and Heat Wrap Program		

Family Information			
Please list all other persons living in the household on a permanent basis. Start with the oldest and provide Name, Date of Birth, Relationship to Applicant, and enrollment information if applicable. If you need more space, please use a blank sheet of paper.			
Name	**Date of Birth**	**Relationship to Applicant**	**Enrolled in the Omaha Tribe**
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
Does anyone in the household have a permanent disability? Yes ☐ No ☐ *If yes, provide the name of the family member and proof of condition.*			
Does anyone in the household have a medical condition? Yes ☐ No ☐ *If yes, provide the name of the family member and proof of condition.*			

Application Checklist		
☐ Fully completed Omaha HIP Application	☐ Proof of enrollment	☐ If claiming veteran status, proof.
☐ Proof of home ownership (warranty deed or tribal assignment) or rental agreement.	☐ If a member of the household has a medical condition/disease/disability, statement from a healthcare provider.	

Applicant Certification

I certify that all 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 financial assistance, and that false or misleading statements may constitute a violation of 18 U.S.C. 1001.

This application contains material covered by the Privacy Act. No record will be communicated to anyone or any agency unless requested in writing, by the applicant, or unless an officer or employee of the Tribe or other Federal agency requires it in the performance of their duties.

Printed Name:	
Signature:	**Date:**

For Omaha Tribe Official Use Only
Date application received by the Tribe:
Tribal enrollment verified? ☐Yes ☐No Date Verified:
Proof of homeownership ☐Yes ☐No
Proof of medical condition/disease/disability, if applicable ☐Yes ☐No
Proof of veteran status, if applicable ☐Yes ☐No