

14325 Porcupine Rd
Wyandotte, OK 74370
Phone: (918) 678-2297
Fax: (918) 678-4320



For Use of Housing Staff Only	
Date Received:	_____
Project #:	_____

**APPLICATION FOR SANITATION FACILITIES
PUBLIC LAW 86-121
OFFICE OF ENVIRONMENTAL HEALTH
INDIAN HEALTH SERVICE - U.S. PUBLIC HEALTH SERVICE**

- 1) Complete the application that starts on page two (2) of this document.

- 2) Include the following required documentation with your application:
 - ◆ Copy of Tribal Membership Card
 - ◆ Copy of Warranty Deed

- 3) We are allowed to provide well/septic services in the following counties in OK:
 - Craig
 - Creek
 - Delaware
 - Mayes
 - Nowata
 - Okfuskee
 - Okmulgee
 - Ottawa
 - Rogers
 - Tulsa
 - Wagoner
 - Washington

Applicants for the states of MO, KS, and AR must live within a 50 mile radius of the Tribal Headquarters.

Incomplete applications will be returned

Return the completed application with all required documentation to the Housing Department at:

Wyandotte Nation Housing Department
14325 Porcupine Rd
Wyandotte, OK 74370
Phone: (918) 678-6336 or (918) 678-6339
Fax: (918) 678-4320

What type of sewage disposal does the home now have? _____

Total Number of People living in home: _____

Full Name	Date of Birth	Tribal Affiliation	Roll #

Family Health Problems or Handicaps: (Must have documentation) _____

IV. STATUS OF LAND OWNERSHIP

_____ Own (Please attach copy of deed)

_____ Buying (Please attach copy of warranty deed)

_____ Lease (Please attach notarized copy of lease agreement)

_____ Heirship (Please attach statement of status)

_____ Other Explain: _____

Size of Lot: _____ Acres or _____ feet by _____ feet

V. SERVICES NEEDED (Check Facilities Desired)

_____ Well

_____ City Water

_____ Rural Water Name of Water District _____

_____ City Sewer

_____ Septic Tank and Drainfield

Other (Please specify): _____

VI. PREVIOUS SERVICE

_____ Indian Health Service _____ Date
_____ Home Improvement Program (HIP) _____ Date

Describe services that were provided: _____

Have you applied for service from any other agency besides the Indian Health Service?

If so, please list: _____

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that, if I falsify information on this application that I may be disqualified for any assistance.

Applicant Signature

Date

