



**Lead-Impacted Communities
Relocation Assistance Trust**
POST OFFICE BOX 96 • PICHER, OKLAHOMA 74360

~ For Internal Use Only ~

SuppPg _____	Pr _____	ID _____			
Rv1 _____	Dt _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rv2 _____	Dt _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rv3 _____	Dt _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extraordinary Hardship Application Form For Elderly, Physically/Mentally Challenged, and Seriously Ill

Applicant Name(s): _____

Address on Application: _____

Residential Status (check one): Homeowner Renter

This form is to be used by those applying for residential buyout assistance who own or rent their home within the "area of greatest subsidence risk" and are seeking special consideration to be placed in the highest priority category for buyout consideration due to an extraordinary hardship of one or more occupants living within the home. The Trust has determined that the elderly (70-years of age or more), the physically/mentally challenged, and the seriously ill are eligible for this priority even if their place of residence does not lie within the Priority 1 zone of probable collapse. If your place of residence is within the Priority 1 zone of probable collapse, there is no need to complete this form. Addresses of homes within the zone of probable collapse are available at Picher City Hall and online at www.ose.state.ok.us.

This form must be completed and attached to the RESIDENTIAL BUYOUT ASSISTANCE APPLICATION form provided by the Trust and is considered part of the application itself. Those that have already submitted an application form may simply mail this form separately to be attached to the application form already in the Trust's possession. ***Please use a separate form for each additional household occupant for whom an extraordinary hardship is claimed.***

ELDERLY HARDSHIP:

Occupant Name: _____ Age: _____

Occupant Birth Date: _____

Elderly Hardship Verification: Please attach and submit with this form the following supplemental information to verify the extraordinary hardship claimed regarding the occupant listed above.

- Photocopy of birth certificate(s) or, if unavailable, state-issued driver's license or identification card
- If not the same as the homeowner or renter named on the Residential Buyout Assistance Application form, proof of occupant's legal residency at the address listed on the application form (such as a photocopy of Social Security check or statement matching address on application form, etc.)

PHYSICALLY/MENTALLY CHALLENGED or SERIOUSLY ILL HARDSHIP:

Occupant Name: _____ Age: _____

Occupant's Medical Condition/Diagnosis: _____

Please follow instructions and complete information requested on reverse side of form.

