



EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Name: _____

Primary Applicant Only:

Race : American Indian/Alaskan Indian Black/African American Asian Native Hawaiian
 White Pacific Islander Other _____

Ethnicity: Hispanic Non-Hispanic Other _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Tribal ID # _____

Phone No.: _____ E-Mail Address: _____

List all household members:

Name	DOB	Relationship	Tribal Affiliation	M/F	Social Security No.	Monthly Income
		Self				

Total Household Monthly Income: \$ _____ Total Household Annual Income: \$ _____

Landlord Name: _____ Phone Number: _____

Utility Name: _____ Phone Number: _____

Utility Name: _____ Phone Number: _____

1. The financial assistance for which the household wishes to obtain is the payment of:

- Rent
- Rental arrears (Amount: \$ _____, from _____ (date) to _____ (date))
- Utilities and home energy costs
- Utilities and home energy costs arrears (Amount: \$ _____, from _____ (date) to _____ (date))
- Other expenses related to housing incurred due, directly, or indirectly, to the COVID-19 pandemic (list and explain¹)

¹ Include expenses such as relocation expenses, rental fees due to displacement, reasonable accrued late fees, internet services for distance learning, telework, telemedicine, obtaining government or other necessary services, and similar necessary services.

2. A household must be determined to be eligible to receive emergency rental assistance. An "eligible household" is defined as a **Renter household** which meets each of the following three criteria:

a. One or more individuals within the household has:

- Qualified for unemployment benefits; or
- Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 pandemic.

If either box is checked, please explain (and attach supportive documentation such as paperwork showing individual(s) have qualified for unemployment benefits): _____

b. One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability:

Yes No

If "Yes," please explain (and attach supportive documentation such as past due utility or rent notice or eviction notice): _____

c. Income eligible (eligibility determination based on documentation provided in support of this application).

3. Has the household received any other federally funded rental or utility assistance from State, Local, or Tribal entities?

Yes No

If yes, Source and Date _____ Amount \$ _____

If yes, Source and Date _____ Amount \$ _____

4. Are one or more individuals within the household unemployed as of the date of this application, or have any such individuals been unemployed for the 90-day period immediately preceding the date of this application?

Yes No

By signing this application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my application.

Additional attestations are attached to this application.

Income verifications are attached to this application.

Utility bills are attached to this application.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Does the household have a household income that is not more than 80 percent of the area median income? Yes No

Does the household have a household income that is not more than 50 percent of the area median income? Yes No

The household is eligible ineligible

INTAKE OFFICER DATE

APPROVED: _____
EXECUTIVE DIRECTOR DATE