



## **SANTO DOMINGO TRIBAL HOUSING AUTHORITY**

**P.O. Box 10, Santo Domingo Pueblo, NM 87052**

**(505) 465-1003 / (505) 465-1012 (F)**

### **Emergency Rental – Utility Assistance Application**

When turning in an application, make time to visit with a member of Tenant Services Department.

#### **Every application MUST contain the following:**

- **Photo ID** - Primary Applicant
- **Social Security Card** - Primary Applicant
- **Authorization for Release of Information signed by all household members 18 years and older**
- **Income Verifications - All household members with income must submit verification**  
\*\*Examples: Check Stubs past 3 months, Award letters most recent, Unemployment Benefit Verification, Statement of Zero Income, Self-employment verification, 2020 Income tax returns
- **Detailed Self-Written Statement of Hardship due to COVID–19 between March 13, 2020 to present**  
\*\*Include Information such as: Reduction in total household income. Incurred an increase in household living expenses. Experienced other financial hardship due directly or indirectly, to the COVID-19 outbreak.  
\*\*Additional Example: Letter from employer of reduction in hours, furlough, business closure.
- **Verification of Residency** - Current Lease Agreement from Landlord or Statement from Landlord indicating physical address and monthly tenant rental charge
- **If applying for Utility Assistance –** Utility Bills for the past 3 months
- **If applying for Other Expenses Related to Housing** Such expenses include relocation expenses and rental fees (if a household has been temporarily or permanently displaced due to the COVID-19 outbreak); reasonable accrued late fees (if not included in rental or utility arrears and if incurred due to COVID-19); and Internet service provided to the rental unit. All payments for housing-related expenses must be supported by documentary evidence such as a bill, invoice, or evidence of payment to the provider of the service.

Should you need assistance in completing the application contact our office at (505) 465-1003.

Thank you,

SDTHA Staff



# 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: \_\_\_\_\_

Tribal ID # \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**List ALL household members residing in the rental unit:**

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

Check and list additional household members on the back side of page.

Current Household Monthly Gross Income: \$ \_\_\_\_\_ # of Bedrooms in Unit: \_\_\_\_\_

Total Gross Household Annual Income for Year 2020: \$ \_\_\_\_\_

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 explain<sup>1</sup>)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> 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 or Lease Purchase 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 Federal, State, Local, or Tribal entities? Yes  No

If yes, Source and Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

If yes, Source and Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

4. Is 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

5. Since March 13, 2020, have you enrolled in or are you currently in need of Housing Stability Services? Yes  No

- Housing Counseling
- Attorneys’ fees related to eviction proceedings
- Housing Related Services for survivors of domestic violence or human trafficking
- Specialized services for individuals with disabilities or seniors that support their ability to access/maintain housing
- Case Management related to housing Stability
- Fair Housing Counseling

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**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

SANTO DOMINGO TRIBAL HOUSING AUTHORITY  
P.O. BOX 10  
SANTO DOMINGO PUEBLO, NM 87052  
(505) 465-1003

## AUTHORIZATION FOR RELEASE OF INFORMATION

---

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993.  
This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing the Santo Domingo Tribal Housing Authority to request income information from the sources listed on the form. SDTHA needs this information to verify your household's income, in order to ensure that you are eligible for services and that these services are set at the correct level. SDTHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Use of Information to be Obtained:** SDTHA is required to protect the income information it obtain in accordance with the Privacy Act of 1974, 5U.S.C. & 552a. SDTHA may disclose information (other than tax return information) for certain routine uses, such as other government agencies for law enforcement purposes. SDTHA is also required to protect the income information it obtains in accordance with any applicable state or tribal privacy law. SDTHA and its employees may be subject to penalties for unauthorized disclosures or

improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance from SDTHA must sign this consent form.

**Failure to sign Consent Form:** Any failure to sign the consent form may result in the denial of eligibility or termination of services, or both. Denial of eligibility or termination of benefits is subject to SDTHA's grievance procedures.

### Sources of Information To Be Obtained:

Information may be obtained directly from:  
(a) current and former employers concerning salary wages; (b) financial institutions, credit providers, and credit bureaus; (c) previous landlords, including Public Housing Agencies; (d) court and post offices; (e) schools and colleges; (f) law enforcement agencies; (g) support and alimony providers; (h) welfare agencies; (i) state wage information collection agencies; (j) state unemployment agencies; (k) Social Security Administration; (l) medical and child care providers; (m) Veterans Administration; (n) retirement systems; and (o) utility companies.

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for SDTHA's services and the level of benefits. Therefore, this consent form only authorized receipt of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

---

Consent: I consent to allow SDTHA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under SDTHA's programs. I understand that SDTHA cannot use information received pursuant to this consent form to deny, reduce, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds, and when the funds were received. In addition, I must be given an opportunity to consent those determinations pursuant to the terms of the SDTHA grievance procedures.

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for 15 months from date signed.

Signatures:

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Social Security Number (if any) of Head of Household

\_\_\_\_\_  
Other Family Member age 18 and over Date

\_\_\_\_\_  
Spouse Date

\_\_\_\_\_  
Other Family Member age 18 and over Date

\_\_\_\_\_  
Other Family Member age 18 and over Date

\_\_\_\_\_  
Other Family Member age 18 and over Date

\_\_\_\_\_  
Other Family Member age 18 and over Date

\_\_\_\_\_  
Other Family Member age 18 and over Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

---

Penalties for Misusing this Consent:

SDTHA and its officers and employees may be subject to penalties for unauthorized disclosures or improper uses of information collected pursuant to this consent form.

Use of the information collected pursuant to this form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to penalties under applicable federal and tribal laws.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

---

Original is retained by the requesting organization.