



NORTHERN CHEYENNE TRIBAL HOUSING AUTHORITY COVID-19 Emergency Rental Assistance Program Application Checklist

Please review your application to make sure that contains the following information:

For all Applicants:

- Copy of Driver's License or Tribal Enrollment Card
 - Proof of membership of an Indian Tribe for each household member (*if applicable*)
 - Income Verification for each member 18 or older
 - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)
- or
- Monthly received in the last 60 days (2 months)

Submit the following documentation if applicable:

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of lease or rental agreement showing required rental payments or deposits
- Copy of utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability
- Applicant Sworn Attestation

FOR OFFICIAL USE

Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____**NORTHERN CHEYENNE TRIBAL HOUSING AUTHORITY
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM****FINANCIAL ASSISTANCE FORM****Applicant Information**

Applicant Name: _____		Date: _____	
Date of Birth: _____	Tribal Enrollment No.: _____	SSN: _____	
Physical Address: _____	City: _____	State: _____	County: _____
Zip: _____	Phone: _____		
Mailing Address: _____	City: _____	State: _____	
Zip: _____	Email: _____		

General Information

1. Are you or is a member of your household a member of an Indian tribe? Yes No
 - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Do you rent the home in which you are living? Yes No

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

Income Verification

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ _____
 - a. Applicant must submit a wage statement, unemployment compensation statement, interest statement, or a copy of Form 1040 filed with the IRS for the household in 2020,

2. **Monthly income** of household: \$ _____
- a. Applicant must submit sufficient confirmation of the household's monthly income at the time of application for at least the two months prior to the submission of this application.
3. Do you currently rent the home in which you are living? Yes No
- b. If yes, attach and submit a copy of your current rental lease.

Current Landlord Name: _____ Contact Phone: _____ Email: _____

4. What is the total amount of rent that you pay each month? \$ _____
- a. Number of bedrooms in your apartment or rental unit? _____

Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
- A past due utility or rent notice or eviction notice
 - Unsafe or unhealthy living conditions
 - Any other evidence of such risk
- a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, or documentation of any other evidence of risk.)
- b. If you checked any of the boxes above, please describe the details of your housing instability:
- _____
- _____
- _____

Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? Yes No
- a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
- A reduction in household Income
 - Loss of Employment/Temporary Layoff/or Furlough
 - Reduction in hours/pay.

- Unable to work or experiencing financial hardship due to no child care/school.
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc)
- Other financial hardship; list: _____

- a. If you checked any of the boxes above, attach supporting documentation for each hardship. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

Financial Assistance

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

“**Financial Assistance**” means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

“**Rent**” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

“**Utility Costs**” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil and firewood) that are separately-stated charges. Utility Costs also includes internet when necessary for at home remote education or to perform job searches. (**It does not include telephone and cable/satellite tv**).

Rent Arrears and Utility Costs Arrears:

Only includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020.**

Arrears includes: interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.

Arrears does not include: interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

A. Rent Arrears and Utility Costs Arrears¹
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Do you have any Rent Arrears or Utility Costs Arrears?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)

Rent Arrears (*Rent payments in arrears*):

Total amount in Arrears \$ _____

For which months?

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Utility Costs Arrears (*Utility Cost payments in arrears*): Total amount in Arrears \$ _____

1. **Type of Utility:** _____ Amount \$ _____

Month/Yr. _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Month/Yr. _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Month/Yr. _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Month/Yr. _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Month/Yr. _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

¹ **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, Northern Cheyenne Tribal Housing Authority will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

B. Current Rent and Current Utility Costs

Do you expect to be unable to pay your Current Rent or Current Utility Costs payment, or required Deposit to obtain rental housing?
(check all that apply)

If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment (rental lease, documents showing rent or utility costs due, etc.)

Current Rent Payment due (*Current month Rent payment due and owing but not yet in arrears*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Current Utility Costs Payments due (*Utility Costs currently due and owing but not yet in arrears*):

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

C. Prospective Rent and Prospective Utility Costs
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Do you expect to be unable to pay your Prospective Rent or Prospective Utility Costs payments?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each prospective payment (rental lease, documents showing rent or utility costs due, etc.)

- Prospective Rent Payments due** (*Rent payments expected to be owed maximum 3-months*):

Amount Due: \$ _____ Months/Year: _____

Dates Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

- Prospective Utility Costs Payments due** (*Utility Costs payments expected to be owed*):

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____

- Current Deposit Payment due** (*Deposit payment for rental housing that is due and owing as a condition of obtaining rental housing*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Additional Requirements

1. Applicants must sign a release of information form allowing the Northern Cheyenne Tribal Housing Authority to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. For each additional month that applicants seek Financial Assistance under the ERA Program, applicant must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance.

Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

By my signature below, I hereby certify under oath that all of the foregoing information and attached documentation is true and correct to the best of my knowledge and belief. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Northern Cheyenne Tribal Housing Authority (NCTHA) of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if NCTHA determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

(Printed Name)

If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:
I _____, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

LANDLORD SIGNATURE

DATE

(Printed Name)

Application Received by Northern Cheyenne Tribal Housing Authority:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: Yes No Reason: _____

80% AMI : _____ Local National Fair Market Rent Amount : _____

Denial Communicated: _____ Staff Signature: _____

**NORTHERN CHEYENNE TRIBAL HOUSING AUTHORITY
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

APPLICANT CERTIFICATION/ATTESTATION OF ECONOMIC HARDSHIP

In order for Financial Assistance to be provided under the ERA Program, this Certification/Attestation of Economic Hardship must be completed and signed/dated by the Tenant/Applicant.

I, _____, the Applicant, do hereby certify and attest under oath, that one or more individuals in my household have experienced a reduction in household income, incurred significant costs; or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify in writing the Northern Cheyenne Tribal Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, I certify under oath that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant signature

Date

Applicant Printed Name

THIS CERTIFICATION/ATTESTATION MUST BE SIGNED EITHER BEFORE A NOTARY PUBLIC OR BEFORE TWO INDIVIDUALS WHO SIGN AS WITNESSES.

* * * * *

STATE OF _____)

: ss

County of _____)

This document was executed before me, on the _____ day of _____, 2021, by the above named individual.

(SEAL) Notary Public for the State of _____
Notary Public (name typed/stamped or printed)

Residing at: _____
My Commission Expiration: _____

OR * * * * *

WE THE UNDERSIGNED WITNESSES CERTIFY THE ABOVE INDIVIDUAL (APPLICANT) SIGNED THIS DOCUMENT IN OUR PRESENCE:

1. _____
Date: _____

2. _____
Date: _____