**EMERGENCY RENTAL ASSISTANCE**

**JOINT LANDLORD & TENANT APPLICATION**

(Emergency Rental Assistance Program/U.S. Treasury)

As Tenant and Landlord, we request that the Chippewa Cree Housing Authority make the following rental and any utility payments identified below. The Tenant represents, and may be asked to make a showing, that the Tenant is either recently unemployed or has had financial difficulties either directly or indirectly due to the current COVID-19 pandemic. All parties to this application understand and agree that the Emergency Rental Assistance being applied for can only be provided if the Tenant’s housing unit are eligible for this program, and the Tenant’s maximum benefits in this Emergency Rental Assistance Program have not been exhausted.

Additional assistance may be provided in subsequent months for future 2022 rent or utility payments, but additional applications will be required.

# PARTIES AND HOUSING UNIT

|  |  |
| --- | --- |
| **TDHE**  | **CHIPPEWA CREE HOUSING AUTHORITY**  |
| **TENANT**  |  |
| **LANDLORD**  |  |
| **UTILITY PROVIDERS**  |  |
| **HOUSING UNIT**  |  |

 **OFFICE USE ONLY:**

**PAYMENT ASSISTANCE REQUESTED**

## YEAR 2022

 **RENT UTILITES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| MARCH  | JULY  | NOVEMBER  |
| APRIL  | AUGUST  | DECEMBER  |
| MAY  | SEPTEMBER  |   |
| JUNE  | OCTOBER  |   |

 |

|  |  |  |
| --- | --- | --- |
| MARCH  | JULY  | NOVEMBER  |
| APRIL  | AUGUST  | DECEMBER  |
| MAY  | SEPTEMBER  |   |
| JUNE  | OCTOBER  |   |

 |

|  |  |
| --- | --- |
| Please list the day of the month when tenant’s rent is due.  |   |
| Please list the day of the month when Tenant’s utility payments are due.  |   |

## ELIGIBILITY & ADDITIONAL SUBMISSIONS

Indians and non-Indians are eligible for this program, but a participating household must have income that is less then eighty percent (80%) of the Area Median Income. Please also note that when making awards of these funds, priority is given to the households that have income less than fifty percent (50%) of the Area Median Income.

Tenants, at or subsequent to submitting this application, are required to submit an **Eligibility Information Statement** (“Statement”) as part of this process. The Statement asks for information required by the U.S. Department of Treasury. This statement examines income, eligibility for unemployment benefits, the financial impact of COVID-19, your household’s risk of homelessness, housing instability and any provided written attestations. Both this application and the statement will have to be sworn to by the tenant. Using this application, the Statement, and possibly other documentation, the Chippewa Cree Housing Authority will determine whether the Tenant’s household qualifies for priority funding.

## OTHER INFORMATION

 Please check this box if you have previously provided an application for this Emergency Rental Assistance Program, whether to the Chippewa Cree Housing Authority or another assistance provider. This is being asked of you, in part, because there is a limit on how much an individual household can receive from this particular Emergency Rental Assistance Program.

This Emergency Rental Assistance is funded by the Consolidated Appropriations Act, 2021, which is a federal program to help Tenants and Landlords, as well as improve public health conditions, during the COVID-19 pandemic. The applicants agree to that all funding must be used for the purposes intended. The program requires that all assistance provided must be deposited into proper accounts and used only for approved purposes. If the funds are sought and used for improper purposes, the applicant(s) shall become indebted to and shall pay back, those amounts to the U.S. Treasury Department and the Chippewa Cree Housing Authority. Additionally, applicants promise and guarantee that all of the representations that they have made in this application are accurate, truthful, and complete. This application for assistance will not be considered complete until the tenant has submitted the additional Eligibility Information Statement.

**JOINT EXECUTION OF APPLICATION**

|  |  |
| --- | --- |
| **TENANT**  | **LANDLORD**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature Date    | Signature Date  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Name (printed)    | Name (printed)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Address   | Address  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Phone and E-Mail  | Phone and E-Mail  |

**EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)**

**APPLICATION CHECK LIST**

|  |  |
| --- | --- |
| □  | Must be an enrolled member of the Rocky Boy Reservation  |
| □  | Tribal Verification (18 & over in household)  |
| □  | Social Security Card (copies of all Adults & Children)  |
| □  | Copies of Past Due/Outstanding, or Current Bills (this includes rent, electricity, internet, garbage sewer, water & propane)  |
| □  | Joint Tenant and Landlord Application  |
| □  | Rental/Lease Agreement  |
| □  | W-9 signed by landlord, if applicable.  |

**Income Verification (of all household members 18 and older)**

□ Recent Pay Stubs Documenting Decrease in Wage Earnings  Not Applicable

 □ Self-Employment Certification Form  Not Applicable

 □ Zero Income Certification Form  Not Applicable

 □ Copy of Social Security Award Letter  Not Applicable

 □ Copy of VA or Retirement Check Stubs  Not Applicable

 □ Copy of TANF/GA/Welfare Check Stubs  Not Applicable

 □ Unemployment Award Letter  Not Applicable

New Tenants who get selected for a CCHA Low-Rent Unit can qualify to get their security deposit paid at Hill County Electric/Northwestern Energy, landline telephone with internet can be available upon request as well.

This Program will pay for Tenants to get off the “Pre-Pay” with Hill County Electric (pay your security deposit) and get you back on the regular monthly payment schedule.

**PLEASE HAVE ALL PROPER DOCUMENTATION SUBMITTED WITH YOUR ERAP APPLICATION &**

**SIGNATURES; WE WILL NOT ACCEPT AN INCOMPLETE APPLICATION PACKET. THIS WILL ENABLE THE PROGRAM TO FINALIZE YOUR APPLICATION & NO DELAYS WILL BE ENCOUNTERED.**

**YOU ARE REQUIRED TO UPDATE YOUR APPLICATION IF YOU HAVE ANY CHANGES IN HOUSEHOLD/INCOME AND RECERTIFY EVERY THREE (3) MONTHS.**

**THANK YOU.**

**All bills must be submitted in a timely manner in order for us to process checks on time and avoid late fees. If bills are not submitted in a timely manner they will not be paid and will be your responsibility. It is the Tenant’s obligation to submit bills every month.**

**Please allow up to two (2) weeks for checks to be processed and mailed out.**

**EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle Suffix

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address City State Zip

**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Message Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address City State Zip

1. Do you or any individual qualify for unemployment benefits? (circle) Yes No

1. Have one or more individuals in your household experienced any of the following financial hardship(s) due, directly or indirectly, to the COVID-19 pandemic?

(Check all that apply)

□ A reduction in household income

□ Loss of Employment/Temporary Layoff/Furlough

□ Reduction in hours/pay

□ Unable to work or experiencing financial hardship due to no childcare/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:

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

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

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**Family Composition: List ALL Family Members:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name, First Name, Middle Initial**  | **Relationship to applicant**  | **Sex**  | **Date of Birth**  | **Social Security** **Number**  | **Tribal Affiliation**  | **Enrollment Number**  |
| **1.**  |  |  |  |  |  |  |
| **2.**  |  |  |  |  |  |  |
| **3.**  |  |  |  |  |  |  |
| **4.**  |  |  |  |  |  |  |
| **5.**  |  |  |  |  |  |  |
| **6.**  |  |  |  |  |  |  |
| **7.**  |  |  |  |  |  |  |

**HOUSEHOLD INCOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Household Member**  | **Employer**  | **Employer Telephone Number**  | **Gross Wages Received Annually**  |
| **1.**  |  |  |  |  |
| **2.**  |  |  |  |  |
| **3.**  |  |  |  |  |

**Does any household member receive income from the following ON A MONTH or REACCURING BASIS?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Income  | Yes  | No  | Amount Received monthly  | Amount Received on a Reoccurring Basis  |
| Is any member Self-Employed?  |  |  |  |  |
| Welfare Assistance (TANF, General Assistance)  |  |  |  |  |
| Veteran’s Administration  |  |  |  |  |
| Child Support (Provide Court Order)  |  |  |  |  |
| Social Security  |  |  |  |  |
| Disability Benefits (supplemental social security)  |  |  |  |  |
| Retirements Benefits  |  |  |  |  |
| Pension (PERA, Railroad, etc.)  |  |  |  |  |
| Worker’s Compensation  |  |  |  |  |
| Per Capita/Gaming  |  |  |  |  |
| Other: (list)  |  |  |  |  |

 **EMERGENCY RENTAL ASSISTANCE PROGRAM**

**RELEASE OF INFORMATION**

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial or termination of housing assistance.

**Head of Household must sign and date:**

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

I have applied for a program or are currently residing in a unit under the management of the Chippewa Cree Housing Authority. As part of the application/certification process CCHA may need to verify information contained in my/our application or file update and in other documents that are required.

I authorize you to provide CCHA all information and documentation that they request.

**Head of Household please print your full legal name and list your Social Security Number below:**

### Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORGINAL.**

Your prompt reply to CCHA is appreciated. Furthermore, I grant CCHA permission to release information necessary in assisting me in obtaining other services for which I may be eligible.

### Head of Household signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS RELEASE OF INFORMATION IS GOOD FOR ONE YEAR FROM THE DATE SIGNED.**