

OTTAWA TRIBE OF OKLAHOMA

13. S 69A

MIAMI, OK 74354

(918)-540-1536

E-MAIL: ICDBGCARES.OTO@GMAIL.COM

EMERGENCY RENTAL ASSISTANCE PROGRAM

The Emergency Rental Assistance Program (ERAP) assists eligible tribal households that are unable to pay rent and utilities (electric, water, gas/propane/wood, sewer, trash removal) due to the COVID-19 pandemic. ERAP can assist eligible households with rental arrearages, utility arrearages, current rental payments and current utility payments. Telecommunication services (telephone, cable, Internet) delivered to the rental dwelling are not considered to be utilities. This program is only available to rental households and does not apply to households with a mortgage or who currently own their home. This program is limited to one tribal member per household. Payments will be made directly to the landlord or utility company.

PROGRAM REQUIREMENTS

- 1 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 outbreak.
- 1 or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.
- Household income is at or below 80% of area median income.

REQUIRED DOCUMENTS

- Completed application
- Copy of Tribal Membership Card for Tribal household members
- Landlord/Utility Form
 - Tax Identification Number required
- Utility Bills
 - Bill must be in tribal member or spouse's name
 - Account number must be on bill
- Income Verification (please submit one of the following for all household members receiving income):
 - 2020 Tax Returns
 - 60 Days Check Stubs
 - Proof of Unemployment (90 days unemployment will receive priority)

CONTACT INFORMATION

Applications may be submitted via:

- Mail –13 S. 69 A, Miami, OK 74354
- Email : icdbgcares.oto@gmail.com

If you have any questions, please contact Rhonda Hayworth at (918)-540-1536

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
Mailing Address	Physical Address		Phone Number
_____	_____		_____
_____	_____		HOME/CELL
_____	_____		WORK
CITY/STATE/ZIP	CITY/STATE/ZIP		SPOUSE
_____	_____		_____
COUNTY	EMAIL ADDRESS		
_____	_____		

What is the primary applicant's race? Caucasian Black or African American Native American Other
 (please list) _____

What is the primary applicant's ethnicity? _____

Do you currently rent or own your residence? Rent Own

ASSISTANCE NEEDED (select all that apply)

- Rent
- Utilities
 - Utility Type _____ Account Number: _____
 - Utility Type _____ Account Number: _____
 - Utility Type _____ Account Number: _____
 - Utility Type _____ Account Number: _____
 - Utility Type _____ Account Number: _____

HOUSEHOLD COMPOSITION

Complete the information below for each member who will be living with you.

Name	SSN	Sex	Birthdate	Relationship
1.				
2.				
3.				
4.				

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Peoria Housing Authority, can provide documentation in support of my attestation of need. I also understand that if any of the above information supplied is found to be false, I can be required to return any support payments received.
- I have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am **NOT** receiving any other form of Federal assistance to pay my rent or utility payment.
- I am obligated to pay rent and utilities on a residential dwelling that I do not own or have a mortgage interest in.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

LANDLORD/UTILITY FORM

Applicant and Landlord information are required. Utility Information is required only if applicant is requesting assistance for utilities. If applicant is requesting assistance for more than one utility provider, this form will be required for each utility for which assistance is requested.

APPLICANT INFORMATION

(MUST BE COMPLETED BY APPLICANT)

Name _____ Address _____

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

LANDLORD INFORMATION

(MUST BE COMPLETED BY LANDLORD)

Name _____ Address _____

Phone _____

Email _____

Tax Identification Number (Required) _____

Does the tenant have overdue rent charges? YES NO

If yes, overdue balance due to unpaid rent charges: \$ _____

Regular Monthly Rent and Monthly Utility Charges (if included): \$ _____

By signing below, I hereby certify the above listed tenant is behind due to the COVID-19 Public Health Emergency and is at risk of eviction if these charges are not satisfied. I also certify that the tenant's overdue balance relates to charges obtained no earlier than **March 13, 2020**, the date of the emergency declaration pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5191(b).

Landlord Print Name: _____

Landlord Signature: _____ Date: _____

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR

UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Tax Identification Number _____ Account Number _____

(Required)

Utility Type: Electric Water Gas/
Propane/
wood Sewer Trash