

## EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Name: \_\_\_\_\_

Applicant Only:

Race:  American Indian/Alaskan Indian  Black/African American  Asian  Native Hawaiian  
 White  Pacific Islander \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic  Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

List all household members:

Name	D.O.B.	Tribal Affiliation	District	M/F	Social Security No.	Monthly Income
		SELF				

Current Monthly Gross Household Income: \$ \_\_\_\_\_

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

Please attach income documentation (such as monthly wage statements, monthly interest statements, monthly unemployment compensation statements, or copy of IRS Form 1040 filed for the household in 2020 with the Internal Revenue Service or other proof of calendar year 2020 income).

1. 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): \_\_\_\_\_

\_\_\_\_\_

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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): \_\_\_\_\_

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

2. 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

3. The Financial Assistance which the household wishes to obtain is the payment of:

Rent or Lease Purchase Monthly Payment: \$ \_\_\_\_\_

Rental or Lease Purchase Payment arrears: Amount: \$ \_\_\_\_\_, from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

Utilities and home energy costs (Estimated Monthly Cost)<sup>1</sup>: \$ \_\_\_\_\_

Utilities and home energy costs arrears:<sup>2</sup> Amount: \$ \_\_\_\_\_, from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

Other expenses related to rental or lease purchase housing incurred due, directly or indirectly, to the COVID-19 pandemic<sup>3</sup> (list and explain)

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4. Housing Stability Services<sup>4</sup>

Housing Counseling

Fair Housing Counseling

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<sup>1</sup> Estimated Monthly Cost is based on the immediately preceding two months of utility bills provided by the Applicant.

<sup>2</sup> Utility and home energy cost arrears will be based on actual monthly or periodic bills or statements or a statement from the utility or home energy services provider regarding the actual amount owed.

<sup>3</sup> Other expenses include expenses such as relocation expenses and rental or lease purchase payment fees due to temporary or permanent displacement, reasonable accrued late fees (if not included in rental or lease purchase payment or utilities and home energy costs arrears), and internet services for distance learning, telework, and telemedicine, and to obtain government or other services.

<sup>4</sup> Housing Stability Services enable eligible households to maintain or obtain housing.

- Case Management related to housing Stability
- Housing Related Services for survivors of domestic violence or human trafficking
- Attorneys' fees related to eviction proceedings
- Specialized services for individuals with disabilities or seniors that support their ability to access or maintain housing
- Other (list and explain)

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5. Has the household received any other federally funded assistance duplicative of any Financial Assistance being requested on this Application?

Yes  No

If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

**RELEASE AND CONSENT**

The information specified on this Release and Consent will be used by a TOKA employee to establish the undersigned's eligibility for the Emergency Rental Assistance Program by verifying information provided in the Application. By signing this form, the Applicant authorizes any depository or private source of income, any federal, state, or local agency, or any landlord, utility or home energy services provider, or caseworker to furnish or release to TOKA such information as TOKA determines to be necessary to verify information provided in the Application for the Emergency Rental Assistance Program. Additional disclosure of the information will not be made without the specific consent of the undersigned, except to a federal law enforcement agency upon such agency's notification to TOKA of a violation or possible violation of civil or criminal law by the undersigned.

This is a consent to release information about:

\_\_\_\_\_  
Name of Applicant Social Security Number Date of Birth

\_\_\_\_\_  
Name of Adult Household Member Social Security Number Date of Birth

\_\_\_\_\_  
Name of Adult Household Member Social Security Number Date of Birth

\_\_\_\_\_  
Name of Adult Household Member Social Security Number Date of Birth

I authorize TOKA to obtain the following information:

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

Emergency Rental Assistance Application

Initials \_\_\_\_\_

March 12, 2021

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I understand that this Release and Consent expires automatically on \_\_\_\_\_ (*date*), unless I revoke it sooner in a writing to both TOKA and the person or entity providing the information. Any information already released before my revocation may be used as stated on this Release and Consent.

By my signature below, I affirm that I have read this Release and Consent or it has been read to me, and I understand its content.

_____	_____	_____
Name of Applicant	Signature	Date

_____	_____	_____
Name of Adult Household Member	Signature	Date

_____	_____	_____
Name of Adult Household Member	Signature	Date

_____	_____	_____
Name of Adult Household Member	Signature	Date

Consent Witnessed By:

_____	_____	_____
Name	Signature	Date