

COVID-19 Emergency Rental Assistance Program Application Checklist

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

For all Applicants:

*****Please be aware the Service Area for this assistance is: all of Ottawa County, Oklahoma and within fifty miles of the tribal administration office in Quapaw, Oklahoma into Kansas, and Missouri*****

- Copy of Driver's License and 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
- Any other evidence of risk of housing instability

QUAPAW NATION HOUSING DEPARTMENT
 COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM
 APPLICATION

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

Applicant Information

Applicant Name: _____	Date: _____
Date of Birth: _____	Tribe / Enrollment #: _____
	SSN: _____
Mailing Address: _____	City: _____
	State: _____
Zip: _____	Phone: _____
Physical 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 attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ _____

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.

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.)

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:

Additional Requirements

1. Applicants must sign a release of information form allowing the Quapaw Nation Housing Department 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, they 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 that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Quapaw Nation Housing Department 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 civil or criminal prosecution if Quapaw Nation Housing Department determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

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

Application Received by Quapaw Nation Housing Department:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

A. Rent Arrears and Utility Costs Arrears¹

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 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.

Rent Arrears (*Rent payments in arrears*): Total amount in Arrears \$ _____

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 \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

2. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

3. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

4. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

5. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____

¹ **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, Quapaw Nation Housing Department will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs paym

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** (*Rent payment for the current month that is 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 that are 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

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*):
Amount Due: \$ _____
Date 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: _____

 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: _____

- 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: _____

D. Other Housing Expenses

Do you expect to be unable to pay any other Housing Expenses? *(Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury. Maintenance costs are not included in this definition.)*
(check all that apply)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due (bills showing payments due, documents showing interest accrued, etc.)

_____ **Payment due:**
Amount Due: \$ _____
Date Due: _____
Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Email: _____

_____ **Payment due:**
Amount Due: \$ _____
Date Due: _____
Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Email: _____

_____ **Payment due:**
Amount Due: \$ _____
Date Due: _____
Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Email: _____

Applicant

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefits from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Quapaw Nation Housing Department 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 Quapaw Nation Housing Department determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

If a landlord or owner of a residential dwelling submits this Form 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

Form Received by Quapaw Nation Housing Department:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: Yes No Reason: _____

Denial Communicated: _____ Staff Signature: _____

QUAPAW NATION HOUSING DEPARTMENT COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

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

For all Applicants:

- Current rental lease

Submit the following documentation if applicable:

- Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- Documents showing Utility Costs Arrears and interest/penalties accrued
- Utility bills showing Current Utility Costs due
- Current rent due
- Documents showing other expenses related to COVID-19 for which payments are due

QUAPAW NATION HOUSING DEPARTMENT COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Certification of Economic Hardship

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

I, _____, the Applicant, do hereby attest 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 the Quapaw Nation Housing Department 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 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

Date

**QUAPAW NATION HOUSING DEPARTMENT
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

LANDLORD OR ROOMMATE FORM
(This form must be signed by the Landlord/Roommate)

Name of Tribal Member: _____

Name of Landlord or Roommate: _____

Relationship to Quapaw Nation Tribal Member: _____

How long have you been at this address? _____

You must submit a **NOTARIZED** copy of your lease/rental agreement with your application. If utility bill is **not** in your name you **must bring in a copy of your Valid State Issued Photo ID** with your current physical address to verify proof of residency at the billing address on utility bill. This needs to be updated at the beginning of each funding cycle.

Are utilities included in rent? (Yes) (No)

If yes, please explain breakdown: _____

Please list the name and address of where payments will need to be sent if utilities are included in the rent.

Name:

Address

City St. Zip

Landlord:

Social Security # _____ Tax ID # _____ DUNS # _____

By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.

**LANDLORD OR ROOMMATE' SIGNATURE
NUMBER**

CONTACT PHONE

Please submit this form to the following address:

Quapaw Nation
Attention: Housing Department
PO. Box 765
Quapaw, OK 74363

**QUAPAW NATION HOUSING DEPARTMENT
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

NON-TRIBAL CUSTODIAL PARENT FORM

(This form must be completed by custodial parent if your utility bill is not in custodial parent's name)

Name of Tribal Member: _____

Name of Custodial Parent/Guardian: _____

Relationship to Quapaw Nation Tribal Member: _____

How long have you been at this address? _____

Custodial parent **must bring in a copy of your Valid State Issued Photo ID**, with current physical address to verify proof of residency at the billing address on the utility bill. This form needs to be updated at the beginning of each funding cycle.

Custodial parents must provide the Housing Department with a copy of their **Valid State Issued Photo ID** and **Legal documentation** showing the nontribal parent or guarding has custody of minor child.

By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.

**CUSTODIAL PARENT'S SIGNATURE
NUMBER**

CONTACT PHONE

Please submit this form to the following address:

Quapaw Nation
Attention: Housing Department
PO. Box 765
Quapaw, OK 74363

**QUAPAW NATION HOUSING DEPARTMENT
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

(This form must be signed by spouse)

Name of Tribal Member: _____

Name of Spouse: _____

How long have you been at this address? _____

If the utility bill is *not* in your name but it is in your spouses, you must bring in **a copy of your Valid State Issued Photo ID**. With your current physical address to verify proof of residency at the billing address.

By signing this form, I declare that the information above is true and I understand any false information is grounds for penalty by law.

**SPOUSE'S SIGNATURE
NUMBER**

CONTACT PHONE

Please submit this form to the following address:

Quapaw Nation
Attention: Housing Department
PO. Box 765
Quapaw, OK 74363

**QUAPAW NATION HOUSING DEPARTMENT
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

Date: _____

Received by: _____

VERIFICATION OF EMPLOYMENT

Name/Address of Employer: _____

Applicant/Resident Name

Applicant/Resident Physical Address

Applicant/Resident Mailing Address (if different than Physical Address)

City State Zip

The individual named above has obtained or is attempting to obtain housing assistance, which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be or remain eligible, we must verify the family's income, expenses, and other information related to eligibility. The individual has authorized below your release of the requested information. We are required to complete the verification process in a short period of time and would appreciate your prompt response. If you have any questions, please feel free to contact Jeannie Gleaves, Housing Assistant, Quapaw Tribe of Oklahoma at 918-542-1430. Thank you for your cooperation.

I, _____ hereby authorize _____ (employer) to release the information requested below regarding my employment and compensation.

Signature Date

TO BE COMPLETED BY EMPLOYER:

1. Date employment began _____ Position/Occupation _____
2. Current rate of pay \$ _____ per _____ (hour, week, month, etc.)
3. Current rate of overtime pay \$ _____ per _____.
4. Number of hours per week employee normally works _____
5. Anticipated average amount of overtime per week _____.
6. Gross annual earnings you anticipate for this employee for the next twelve months, including all tips, bonuses, overtime, commissions _____
7. If the employee's work is seasonal or sporadic, indicate lay-off periods _____

I certify the preceding information is true and correct.

_____ Name of Company Official	_____ Signature
_____ Company	_____ Title of Company Official
_____ Address	_____ Date
_____ City, State, Zip	_____ Telephone

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.