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**United Keetoowah Band Health and Human Services**

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**UKBHHS**

**EMERGENCY RENT ASSISTANCE**

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| **ELIGIBILITY & CHECKLIST FORM** | |
|  | UKB Tribal Membership Card(s) |
|  | Tribal Membership Card(s) from a Federally Recognized Tribe |
|  | CDIB |
|  | Social Security Card(s) for **all** person(s) in the household |
|  | Driver’s license or State ID for **all** person(s) in the household (over the age of 18) |
|  | Income Verification – **Please Provide all that Apply** (i.e., paycheck stub, statement from employer, DHS, VA, Social Security Income; child support and/or alimony, etc.…) |
|  | Landlord’s W-9 and Lease Agreement for Rent Assistance  Utility Bill for Utility Assistance |
|  | Household income and number of individuals in the household. |
|  | Gender, race, and ethnicity for the primary applicant for assistance |
|  | Complete Individual Self-Sufficiency Plan and comply with plan |

* **Purpose**
  + Provides assistance to households that are unable to pay rent and utilities due to COVID-19
  + Prevent Homelessness
  + Not an entitlement program, client must be self-sufficient
* **Points of Funding**
  + Rent
  + Rental arrears
  + Utilities
  + Home energy costs
  + Utilities and home energy costs arrears
  + Other expenses related to housing
* **Eligibility**
  + An “eligible household” is defined as a renter household in which at least one or more individuals meets the following criteria.
  + Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19.
  + Demonstrates a risk of experiencing homelessness or housing instability; and
  + Has a household income at or below 80 percent of the area median.
  + Eligible households that include an individual who has been unemployed for the 90 days prior to application for assistance and households with income at or below 50 percent of the area median income are to be prioritized for assistance.
* **Limitations**
  + Cannot be duplicative of any other federally funded rental assistance provided to household.
  + Eligible households may receive up to 12 months of assistance, plus 3 additional months if needed to ensure housing stability (and if funding is available)
  + Assistance provided must reduce households’ rental arrears before receiving assistance for future rent payments. **(ERA can only provide assistance to households obligated to pay rent on a residential dwelling)**
    - Rent assistance is provided 3 months at a time
    - Households may reapply for additional assistance at the end of each 3-month period
* **Application process**
  + Emergency Rental Assistance application can be submitted by an eligible household or by the landlord on behalf of the eligible household.
  + Households and landlords must apply through programs established by grantees
  + Funds will be directly paid to landlord and utility service providers
  + (if landlords do not wish to participate, funds may be directly paid to eligible household)
* **Documentation needed**
  + Application source documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement
  + Income source documentation for at least the two months prior to the submission of the application for assistance.
  + If applicant qualifies based on monthly income, a redetermination is required every 3 months during duration of assistance
  + Provide evidence of qualifying for unemployment benefits
    - and a reduction of income, incurred significant costs, or experienced hardship due directly/indirectly to COVID-19 that threaten the household’s ability to pay the costs of the rental property when due

**Application for Emergency Rental Assistance**

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| Who’s Applying? | | | | | Tenant | | | | | | | Landlord (on behalf of tenant) | | |
| Tenant Information | | | | | | | | | | | | | | |
| Last Name | | | | | First Name | | | | | | | SS# | | |
| Address | | | | City, State | | | | Zip | | | | | County | |
| Phone | | | | | Email Address | | | | | | | Date | | |
| Household: | Number of Adults | | | | | | | | | Number of Children under 18 | | | | |
| Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income or had increased household costs**? Yes  No** | | | | | | | | | | | | | | |
| If yes, was this financial hardship due, directly or indirectly, to COVID-19? **Yes  No** | | | | | | | | | | | | | | |
| Is anyone in your household at risk of homelessness or housing instability**? Yes  No** | | | | | | | | | | | | | | |
| Has anyone in the household received federally funded rental assistance in the past 12 months**? Yes No** | | | | | | | | | | | | | | |
| Are you a veteran? **Yes  No** | | | | | Has anyone been a victim of domestic violence? **Yes No** | | | | | | | | | |
| Citizenship**: US Citizen  Permanent Resident  Temporary Resident Refugee  Other** | | | | | | | | | | | | | | |
| Race *(check all that apply)* | | | **American Indian/Alaskan Native  Asian Black/African American Native Hawaiian/Pacific Islander  White  Other** | | | | | | | | | | | |
| Ethnicity: **Hispanic Non-Hispanic** | | | | | | | Gender**: Male: Female** | | | | | | | |
| Landlord/Property Manager Information | | | | | | | | | | | | | | |
| Property Management Company *(if applicable)* | | | | | | | | | | | | | | |
| Last Name | | | | | First Name | | | | | | | Tax ID# or SSN# | | |
| Address | | | | | City, State | | | | | | | Zip | | |
| Phone | | | | | E-mail Address | | | | | | | | | |
| Tenant Utility Information | | | | | | | | | | | | | | |
| **Company Name** | | | | **Address *(Street, City, Zip)*** | | | | | **Phone** | | | | **Account #** | |
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| Tenant Household Income | | | | | | | | | | | | | | |
| Please tell us about the income of any individual in your household who is 18 or over.  Does anyone in your household have any income? Yes  No | | | | | | | | | | | | | | |
| Commissions  Dividends  Gambling/Lottery  Guardian Fees  Money Earned from  Babysitting  Money for Training  Money Paid to You for  Loans | | | | | Money Paid to You for Rent  Money Paid to You for Room or Board  Pensions  Self-employment  Sick Benefits  Social Security  Supplemental Security  Income | | | | | | | Support  Unemployment  Union Pay  Veteran Benefit  Wages from Employment  Workers Compensation  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Name of Person with Income** | | **Type/Source of Income/Name of Employer** | | | | **Income/Pay:**  **How much?** | | | | | **How Often Paid** | | | **Date of Most Recent Payment** |
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| Tenant Household Expenses | | | | | | | | | | | | | | |
| Rent | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Electric | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Gas | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Oil | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Propane | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Coal/Wood/Other | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Trash | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Water/Sewer | | | | | Monthly $ | | | | | | | Arrears $ | | |
| Notes: | | | | | | | | | | | | | | |

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| Household Make-up | | | |
| Name | Age | Gender | Tribal Enrollment |
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| Attestation/Certification | | | | |
| I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment etc.) to aid in determining eligibility. | | | | |
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| Authorization for Release of Information *(Tenant only)* | | | | |
| I hereby authorize and request the disclosure to the county office any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs | | | | |
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| ERAP Agency Use Only | | |
| Authorization Information | Approved  Denied | Date: |
| Type(s) of Assistance Provided: | Rental Assistance  Rental Arrears  Housing Stability Services  Utility Assistance  Utility Arrears | |
| Amount of Assistance: | Rental Assistance $  Rental Arrears $  Housing Stability $  Utility Assistance $  Utility Arrears $  Total $  Number of months covered with:  Rental Assistance $  Utility Assistance $ | |
| Household Income Level:  Does not exceed 30 percent of the area median income for the household  Exceeds 30 percent but does not exceed 50 percent of the area median income for the household  Exceeds 50 percent but does not exceed 80 percent of area median income for the household | | |
| Notes:  Used 2020 annual calculation for eligibility  Used monthly income at time of application | | |

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| Notification to Client |
| **PRIVACY ACT STATEMENT**  25 CFR Part 20 and 25 U.S.C. 13 authorize the collection of this information. The information is confidential and is never disclosed without written clearance and consent of the applicant. The primary use of this information is to determine eligibility for financial assistance and services for the Bureau of Indian Affairs (BIA) Child Welfare, Burial and Disaster Assistance Programs. Additional disclosures of this information may be to other BIA or tribal officials in the conduct of their official duties pertaining to the application for financial assistance or services, or in the conduct of program review and to the Office of Inspector General or the General Accounting Office when conducting an audit of BIA Programs, or local Law Enforcement agency when the agency becomes aware of violation or possible violation of civil or criminal law, and to the General Services Administration in connection with its responsibility for records management. This information will be entered into the BIA, Financial Assistance and Social Services – Case Management System, Interior/BIA-8 (76 FR 56787), which can be obtained upon request from the Chief, Division of Human Service, 1849 C Street, N.W., MS-4513-MIB, Washington DC 20240. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the records pertains. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.  Under the Privacy Act, BIA may not give out information you give the social service worker except that BIA may share the information with other Federal, State, and Tribal offices and programs who have some responsibility with the social services for which you are applying. The information can also be given to those agencies when you ask them for a job or some other benefit and for law enforcement purposes. This can be done without your consent. For any other person or program wanting information from your case file, you must first give your written consent. You have the right to know what information is in your case record and you can ask to see it. If you believe some information in your case file is inaccurate, ask your caseworker about how to change the information in the case record.  **FEDERAL LAW GOVERNING FRAUD**  Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years or both.  **PAPERWORK REDUCTION ACT STATEMENT**  This information is being collected to determine applicant eligibility for financial assistance and services and to provide Bureau of Indian Affairs (BIA) managers with information for program planning, reporting and utilization. Response to this collection is required to obtain benefits under 25 CFR 20. A Federal Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining data, completing the form. Direct comment regarding the burden estimate or any other aspect of this form to: Information Collection Clearance Officer, Office of Regulatory Affairs & Collaborative Action – Indian Affairs, 1849 C Street, N.W., MS-3071-MIB, Washington, D.C. 20240.  **DECISION**  When you file an application for social services, you have a right to a written decision within 30 days. In some cases, it may take 45 days. If you disagree with the decision, you may have a review of the decision by seeing your Human Services worker or supervisor. You also may file an appeal and have a hearing. An applicant or recipient must pursue the appeal process applicable to the Public Law 93-638 contract, Public Law 102-477 grant, or Public Law 103-413 Self-Governance Annual Funding Agreement. The regulations for Human Services are in Title 25, Code of Federal Regulations, Part 20.  The amount of grant assistance you may receive or authorize to be expended is based on State Standards of Public Assistance and/or the rates established by the Assistant Secretary - Indian Affairs, minus your income and available resources. The information you give must be accurate. If your circumstances change, you must report this immediately to your Human Services office. By doing so, your Social Services worker can give you proper assistance you are eligible to receive.  Within the limits of its authority, the Human Services Office wants to help you. Ask your Human Services worker to more fully explain any of this information. If you give inaccurate information and receive assistance to which you are not entitled, you will be required to pay it back. |

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| **INDIVIDUAL SELF-SUFFICIENCY (ISP)/ CASE PLAN (25 CFR Part 20)**  Name of Client: (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Plan: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | |
| What is/are your goals to achieve self-sufficiency? | |  | | | | | | | |
| Long-Term Goals: | | Short-Term Goals: | | | | | | | |
| BARRIERS TO CLIENT | | | | | | STRENGTHS OF CLIENT | | | |
| * Health * Mental Health * Substance Abuse Dependency * Age Factors * Disabilities * Lack of/ Limited Transportation | * Lack of/ Limited Education * Criminal History * Limited/ No Work History * No Job Skills * No Driver’s License * Social Isolation * Limited/No Jobs Available * Homeless * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Identify strengths the client possesses: | | | |
| STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY | | | | | | | | | |
| WORK ACTIVITIES   * Job Search * Volunteer Work Experience * Job Sampling or Job Shadow * On-the-Job Training * Employment Counseling * Registration with Local Job Service * Job Readiness * Other: \_\_\_\_\_\_\_ | HOUSING   * Find and apply for affordable housing * Gather needed documents (Cards, income verification etc..) * Accept housing once available * Provide ERA Lease Agreement and Landlord’s W-9 | | OTHER ACTIVITIES   * Life Skills Activities * Parenting Skills * Childcare Assistance * Child Support Substance * Abuse Treatment * Counseling * Driver’s License Reinstatement * Dental/Health Care * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | CASE PLAN   * SSA * Application * Medical Report * Decision * Letters * Legal Assistance * Care for Child Under Age 6 * Other: \_\_\_\_\_\_\_\_\_\_\_ | | |
| SELF SUFFICIENCY ACTION PLAN & GOALS | | | | | | | | | |
| GOAL#1 | | | | | | | | | |
|  | | | | | | | | | |
| Goal #1 Revised | | | | | | | | | |
| ACTION STEPS FOR GOAL #1 | | | | DATE TO BE ACHIEVED | | | | | DATE COMPLETED |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| GOAL #2 | | | | | | | | | |
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| Goal #2 Revised | | | | |  | | |  | |
| ACTION STEPS FOR GOAL #2 | | | | | DATE TO BE ACHIEVED | | | DATE COMPLETED | |
| 1. | | | | |  | | |  | |
| 2. | | | | |  | | |  | |

\_\_\_\_\_ I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps, and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension from the Emergency Rent Assistance Program for a period of at least 60 days but not more than 90 days. I also understand that if there are any changes to be made that I will contact my Case Worker in a timely manner to ensure my success in the Emergency Rent Assistance Program.

\_\_\_\_\_ I understand that the purpose of the Case Plan is to follow through with goals listed: (i.e.) Accessing other resource programs, keeping medical appt., etc. Failure to follow through with the steps identified in the Case Plan may constitute suspension from the Emergency Rent Assistance Program.

