

## **EMERGENCY RENTAL ASSISTANCE PROGRAM**

The Emergency Rental Assistance Program (ERAP) assists eligible Seneca Cayuga Nation tribal households that are unable to pay rent and utilities (electric, water, gas, 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 - Rental Agreement - W-9 Form From Landlord
  - Tax Identification Number required
- Utility Bills (Past Due)
  - 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:

- Online at -mmorris@sctribes.com (preferred method)
- Mail – P.O. Box 453220 Grove OK 74345
- Fax – (918) 516-0591

If you have any questions, please contact the Housing Office at (918) 791-6060.

# EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

**APPLICANT NAME** \_\_\_\_\_

FIRST	MIDDLE	LAST
<b>Mailing Address</b>	<b>Physical Address</b>	<b>Phone Number</b>
		HOME/CELL
		WORK
CITY/STATE/ZIP	CITY/STATE/ZIP	SPOUSE
COUNTY	EMAIL ADDRESS	

Do you currently own your residence?     YES     NO

If NO, do you:     Rent     Live with Family/Friend    **Rent Payment:** \_\_\_\_\_

**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**

FULL NAME(S) - All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***Required***
1.						
2.						
3.						
4.						
5.						

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Seneca Cayuga Nation of Oklahoma, 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 which assistance is being requested.

## APPLICANT INFORMATION

**(MUST BE COMPLETED BY APPLICANT)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Applicant Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## LANDLORD INFORMATION

**(MUST BE COMPLETED BY LANDLORD - ATTACH RENTAL AGREEMENT)**

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  Sewer  Trash