



Housing Authority of the Sac and Fox Nation

201 N. Harrison • P.O. Box 1252 • Shawnee, OK 74801 • Ph (800)831-7515 • (405)275-8200 • Fax (405)275-8203

HASFN COVID-19 Utility Assistance Guidelines

In response to the COVID-19 public health emergency declared on March 1, 2020 by the President of the United States, the Housing Authority of the Sac and Fox Nation has received funds to provide emergency payment assistance for utilities and related costs for enrolled Sac and Fox families residing in Sac and Fox Nation Tribal Jurisdiction and in HASFN rental housing. Eligible tribal members who are Low-Income families may receive assistance up to \$1,000.00 (per household) and tribal members who are Non-Low-income families may receive up to \$300.00 (per household). This assistance may be used for eligible utility expenses related to the COVID-19 public health emergency such as: electric, water, gas/propane, cell phone, internet/wi-fi, day care, and car payment.

Rent and mortgage payments are *not allowable* under this program.

Upon approval of your application and review of required documents, a check will be submitted to the vendor/company on your behalf. Enrolled Sac and Fox tribal members, living in our units, will be served first then all other federally recognized tribes. If you have received any assistance from other funded COVID-19 programs (i.e. SFN Human Services COVID-19 Relief Program) you will be ineligible to receive the utility assistance from the Housing Authority of the Sac and Fox Nation. Applications will be reviewed and approved until programs funds are depleted.

ELIGIBILITY:

To qualify for this program, you must:

- Be an enrolled member of the Sac and Fox Nation or enrolled member of a federally recognized tribe.
- Participate in one of our Housing Programs (Rental or Lease Option) or live in SFN Jurisdiction.
- Submit a completed application and a W-9 form (day care / car payments only). **Incomplete applications will not be processed until all documentation is submitted.**
- Submit documentation from March 1, 2020 that you have experienced a reduction in income due to the COVID-19. public health emergency (proof from your employer, a furlough/termination notice, etc.).
- Submit documentation of the eligible utility expense you are requesting assistance for (such as bills or invoices to document the eligible utility expense).
- **Non-Tenants** submit income verification form with release of information and signed HASFN COVID-19 Utility Assistance Guideline.
- **HASFN Tenants** submit a signed HASFN COVID-19 Utility Assistance Guideline.
- Submit forms of identification (Tribal I.D., Drives License or State I.D.).

Questions:

Any Housing, Finance or Administration staff members of HASFN will be able to assist you with questions regarding the application process or needed documentation.

Application:

Applications will be available online at www.sacandfoxha.com. Or you may stop by the Housing Authority drive through window to request one.

Signature

Date



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COVID-19 Utility Assistance Application

APPLICANT INFORMATION

Name/Head of Household: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Enrollment Number: _____ Date of Birth: _____

HOUSEHOLD MEMBERS. Please list all members of your household (attach a separate sheet if more space is needed):

Name	Relation	Date of Birth

COVID-RELATED UTILITY EXPENSES. PLEASE CHECK ALL UTILITY HARDSHIP EXPENSES YOU HAVE EXPERIENCED DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY:

Disclaimer Rent & Mortgage payments are not allowable under this program.

- Electric
- Water
- Gas/Propane
- Cell Phone
- Internet/Wi-Fi
- Day Care
- Car Payment

CERTIFICATIONS AND AUTHORIZATIONS. By signing below, you make the following representations, authorizations, and certifications:

- I meet the program guidelines.



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- I certify that the funds will be used for COVID-19 related eligible expenses that have not been reimbursed by another federal, state, or tribal assistance program.
- I certify that I have experienced a reduction in income as a result of change in employment status or work hours due to the COVID-19 public health emergency.
- I certify that the utilities I am applying for have not been covered or reimbursed by other assistance programs (state, tribal, or federal assistance programs).
- I understand that I am subject to prosecution to the fullest extent of the laws of the Sac and Fox Nation if I knowingly, willfully and fraudulently provide false information for the purpose of obtaining benefits which I am otherwise ineligible to receive.

Applicant Signature

Date

YOU MUST ATTACH THE FOLLOWING DOCUMENTATION:

- **Eligible utility expense you are requesting assistance for.** Please attach bills or invoices to document the eligible utility expense you need assistance with.
- **Reduction in income due to the COVID-19 public health emergency.** Please attach proof from your employer, a furlough/termination notice, etc.
- **Forms of Identification.** Tribal I.D., Driver License or State I.D.
- **Other documentation.** Income verification form and Signed Utility Assistance Guideline.

PLEASE SUBMITT COMPLETED APPLICATION WITH DOCUMENTS TO:

Mailing address:

Housing Authority of the Sac and Fox Nation

PO BOX 1252

Shawnee, OK 74802

Or

In-person at the drop off box/drive-through window located on south side of building

201 N. Harrison St.

Shawnee, OK 74801

Office use only:

Date Received: _____

Documentation received: _____

Approved amount of assistance: _____

Low-Income or Non-Low income: _____

Received related assistance from SFN COVID-19 Human Services Assistance Program: _____

Staff initials: Housing Mgr.: _____

Executive Director: _____

Finance Mgr.: _____



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UTILITY ASSISTANCE INCOME VERIFICATION FOR NON-TENANTS

EMPLOYEE'S NAME: _____

EMPLOYEE'S PHONE #: _____

SOCIAL SECURITY # _____

EMPLOYED FROM: _____ TO _____

OCCUPATION/POSITION: _____

EMPLOYMENT IS: () TEMPORARY () FULL-TIME
 () SEASONAL () PART-TIME

CURRENT PAY RATE: \$ _____ PER _____

EFFECTIVE SINCE: _____ AVERAGE HOURS WORKED PER WEEK: _____

ACTUAL EARNINGS DURING THE PAST 12 MONTHS OR FOR PERIOD OF EMPLOYMENT IF LESS THAN 12 MONTHS:

FROM: _____ TO: _____ \$ _____

COMPANY NAME: _____ PHONE #: _____

EMPLOYER'S SIGNATURE: _____

EMPLOYER'S TITLE: _____ DATE: _____

EMPLOYER'S EMAIL: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION FOR NON-TENANTS

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to HOUSING AUTHORITY OF THE SAC AND FOX NATION any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or housing assistance programs. I understand and agree that his authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements previous or current information regarding me or my household may be needed. Verifications inquiries that may be requested but are not limited to:

- | | | |
|----------------------------------|----------------------------|-------------------------------|
| IDENTITY AND MARITAL STATUS | EMPLOYMENT, INCOME, ASSETS | RESIDENCE AND RENTAL ACTIVITY |
| MEDICAL OR CHILD CARE ALLOWANCES | | CREDIT AND CRIMINAL ACTIVITY |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) included, but is not limited to:

- | | | |
|-------------------------------|----------------------------------|---------------------------------|
| PREVIOUS LANDLORDS | PAST AND PRESENT EMPLOYERS | VETERANS ADMINISTRATION |
| COURTS AND POST OFFICES | WELFARE AGENCIES | RETIREMENT SYSTEMS |
| SCHOOLS AND COLLEGES | STATE UNEMPLOYMENT AGENCIES | BANKS/FINANCIAL INSTITUTIONS |
| LAW ENFORCEMENTS AGENCIES | SOCIAL SECURITY ADMINISTRATION | CREDIT PROVIDERS/CREDIT BUREAUS |
| SUPPORT AND ALIMONY PROVIDERS | MEDICAL AND CHILD CARE PROVIDERS | UTILITY COMPANIES |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp agencies.

CONDITIONS: I understand that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

SIGNATURES: **PRINTED NAME** **SIGNATURE** **DATE**

HEAD OF HOUSEHOLD: _____

SPOUSE: _____

ADULT MEMBER: _____

ADULT MEMBER: _____

ADULT MEMBER: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction.