



Housing Authority of the Sac and Fox Nation

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EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)

The HASFN’s U.S. Treasury Emergency Rental Assistance (ERA) Program is designed to assist low-income Native American households/families with emergency rental and housing related assistance. Assistance may include deposit and/or monthly rent, rent arrearage, rent charges for manufactured housing, utility charges, utility arrearage and home energy costs, but **DOES NOT** include mortgage assistance, repairs, or installation of items for the unit. **Current residents of HASFN affordable housing may be eligible for this assistance. The ERA program is available for Sac and Fox Nation of Oklahoma tribal members anywhere in the United States of America and for other qualifying Native American households in Cleveland, Creek, Lincoln, Logan, Oklahoma, Payne, Pottawatomie, and Tulsa Counties in Oklahoma.**

This program is limited to three months of assistance and is only to be provided during the COVID-19 pandemic emergency and is provided on an urgent basis to eligible applicants. This assistance can only be provided to those families who have not yet received any similar assistance from the HASFN, the Sac and Fox Nation or other sources. For each application, the term of the assistance for rent, utilities and related charges shall not exceed three months. After the period of three months from the date of award, the applicant may re-apply for additional assistance subject to funding availability and time constraints. The HASFN reserves the right to recapture or award a lesser amount in such cases.

This program has special eligibility requirements as follows. The household/applicant must be obligated to pay rent on a residential dwelling unit. The HASFN must determine that: one (1) or more household members has qualified for unemployment benefits or experienced a reduced income, incurred significant costs, or experienced other financial hardship, directly or indirectly due to COVID-19; one (1) or more household members can demonstrate a risk of experiencing homelessness or housing instability; and the household has an annual income at or below 80% of the area median income. The HASFN reserves the right to make-a-determination of an applicant’s eligibility based upon the application and documentation provided.

80% of Area Median Income by Service Area

County	1	2	3	4	5	6	7	8
Pottawatomie	\$34,450	\$39,400	\$44,300	\$49,200	\$53,150	\$57,100	\$61,050	\$64,950
Lincoln	\$35,950	\$41,100	\$46,250	\$51,350	\$55,500	\$59,600	\$63,700	\$67,800
Payne	\$36,550	\$41,800	\$47,000	\$52,200	\$56,400	\$60,600	\$64,750	\$68,950
Creek County	\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850	\$71,450	\$76,050
Tulsa	\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850	\$71,450	\$76,050
Cleveland	\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,950	\$72,650	\$77,300
Logan	\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,950	\$72,650	\$77,300
Oklahoma	\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,950	\$72,650	\$77,300

INSTRUCTIONS: Please read carefully and submit a completed application with all required documentation. **Incomplete applications will not be processed.** Due to the flexibility of the program, applicants must submit documentation specifically related to their request for assistance.

1. Verification of Tribal enrollment with a federally recognized tribe for Head of Household **OR** Spouse, CDIB card, Tribal ID **OR** official correspondence from the Tribal enrollment office **OR** Bureau of Indian Affairs are all acceptable forms of documentation.
2. Identification for everyone listed on the application. Choose one from this list: Driver's License **OR** State Identification Card **OR** Birth Certificate **OR** Tribal ID Cards **OR** CDIB. Name changes may be documented by birth certificates, marriage certificates or divorce decrees.
3. Copy of Social security card or numbers for everyone listed on the application.
4. Income verification for everyone 18 years of age or older. Third party verification is preferred on the form provided. Check stubs, payment statements, prior year tax returns may also be used, and a transaction report from BIA for last 12 months if you own trust/restricted property. If paper copies are not readily available, a self-certification form may be used, or verbal self-certification may be provided over the telephone or through email. All verbal forms of income verification must be followed up with a written attestation prior to award and payment.
5. Copy of dwelling lease/rental agreement (which states the monthly rent amount) that is compliant with the Oklahoma Landlord-Tenant Act, or similar statute.
6. Documentation from a utility company, cooperative, vendor or municipality with the amount due. Copies of recent utility bills. The HASFN shall pay an average monthly amount based upon the applicant's submitted bills for a three-month period. The applicant must submit proof of utility services and information needed for processing payment to the utility service provider. This documentation may be provided over the phone with a receipt to follow upon payment. All verbal verification must be followed up with a written attestation.
7. Documentation of unemployment benefits received (if applicable).
8. Documentation of reduced household income, incurred significant costs, or other financial hardship caused directly or indirectly by COVID-19 (if applicable). If no documentation exists, the applicant must certify to these one of these conditions being met in-order-to be determined eligible.
9. Evidence to demonstrate that one (1) or more household members is "at risk" of experiencing homelessness or housing instability. Examples of acceptable evidence may include but is not limited to eviction notices: past due statements; cut-off notices; unsafe or unhealthy living conditions such as overcrowded or sub-standard housing, medical bills, or conditions limiting ability to work; or other occurrences related to the COVID-19 pandemic. If no documentation exists, the applicant must certify to these one of these conditions being met in-order-to be determined eligible.
10. Applicants shall provide a statement that you have not been awarded and received any other emergency rental or similar assistance during the COVID-19 pandemic from the HASFN or other Tribe. This statement is included with the application.

Housing Authority of the Sac and Fox Nation

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Number of Bedrooms: _____

Physical Address if different from mailing address: _____

Daytime Phone: _____ Alt. Phone and/or email: _____

1. Are you living in a HASFN or other Indian/Tribal housing authority/entity home? ____ YES ____ NO If YES, List entity: _____

2. Are all household members U.S. citizens? ____ YES ____ NO If NO, please explain and provide U.S. Immigration Service Form (aka Green Card): _____

3. What types of assistance are you requesting? Check the applicable box(es) and provide name, address, & Phone # of landlord or company for which payment will be directed.

Rent/Deposit – Please enter the monthly rent amount: _____

Rent Arrearage – Please enter the total amount past due up to three months: _____

Utility Charges – Please enter the current monthly charge: _____

Utility Arrearage – Please enter the total amount past due up to three months: _____

OTHER – Please enter the type and amount owed or paid for other eligible related costs:

4. What is the “LEGAL DESCRIPTION” or “ADDRESS” to the unit you are renting or intend to rent? You should be able to obtain the legal description from the landlord. The HASFN needs this info to determine the true ownership of the dwelling unit.

5. Household Composition, Complete the information below for each member who will be living with you. **Social Security numbers are required.**

#	NAME	RELATION	TRIBE	SEX	DOB	SSN
1						
2						
3						
4						
5						
6						
7						
8						

6. Family Income Verification. List income in A, B, or C below for each person living in your home (18 years or over) or complete d if there is no income. Please enter N/A over those sections that do not apply.

a. Income from employment

	Employer Name	Address	Rate Per Hour	Rate Per Week	Total Per Year
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$

b. Other Income: Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list Stimulus payments or income that cannot be anticipated with certainty.

Source	Rate Per Month	Total Per Year
TANF	\$	\$
Social Security/SSI	\$	\$
Child Support	\$	\$
Unemployment	\$	\$
Pensions	\$	\$
Leases	\$	\$
Own Business	\$	\$
Other	\$	\$

c. Assets such as a home cash, savings account, trust account, rental property, securities, stocks etc., and retirement, pensions, inheritances, personal investment property, guardian/power of attorney income and any other income:

Source	Value	Total Per Year
Pensions	\$	\$
Leases	\$	\$
Own Business	\$	\$
Home	\$	\$
Other	\$	\$

- d. For those household members (18 years and above) who do not have any source of income, please list them and have them sign below:

I hereby certify that I have no (zero) income as of the date identified below.

Name	Signature	Date

7. **Statement and attestation of the Applicant:** Please read the following statements and mark any or all that are applicable. Eligibility requires the applicant to be able to answer “Yes” to (A) and, (B or C), and (D) to qualify. These statements are a part of the eligibility requirements that have been set forth by the U.S. Department of the Treasury. **As the head of household and primary applicant, I attest that:**

- A **YES**, the household/applicant is obligated to pay rent on a residential dwelling unit.
- B **YES**, the household/applicant has one or more household members that have qualified, for unemployment benefits.
- C **YES**, the household/applicant has one or more household members that have experienced a reduction in income, incurred significant costs, or experienced financial hardship caused directly or indirectly by the COVID-19 pandemic.
- D **YES**, the household/applicant has one or more household members that are at risk of experiencing homelessness or housing instability. Examples include past due rent or utilities or unhealthy living conditions.

8. **Signature and Consent to Release Information:** I understand that this application is not a contract and is not binding in any manner. I hereby authorize the HASFN to obtain any-and-all information necessary for the purpose of verifying the statements made above. I also understand by signing below, I hereby certify that all information contained herein is accurate to the best of my knowledge and I understand that knowingly providing false information is grounds for denial and/or termination of assistance and punishable by fine and imprisonment.

Signature of Applicant/Head

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

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 other housing assistance programs. I understand and agree that this 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. Verification inquiries that may be requested but are not limited to:

IDENTITY AND MARITAL STATUS EMPLOYMENT, INCOME, ASSETS RESIDENCES 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) include, but are 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 ENFORCEMENT 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 agree 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.

	<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>DATE</u>
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 OR MISPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.