HALIWA-SAPONI INDIAN TRIBE U.S. Department of Treasury Emergency Rental Assistance (Page 1)

HALIWA-SAPONI INDIAN TRIBE DEPARTMENT OF THE TREASURY EMERGENCY RENTAL ASSISTANCE APPLICATION

The ERA is providing assistance to eligible renting households experiencing an emergency rental and emergency rental energy need. Priority will be given on an income and needs basis. Assistance will be provided until funds are exhausted. The Haliwa-Saponi Indian Tribe will co-ordinate payments directly to the Landlord and the Utility Companies.

Eligible Renters:

- Must be an Enrolled Member of the Haliwa-Saponi Indian Tribe
- Must be Renting
- Income at or below 80% of the area median income
- An obligation to pay rent.
- A renter that has a reduction of income or other financial hardship due to COVID
- Experienced or are at risk of experiencing homelessness.
- Must not already be getting Federally funding rental or rental energy assistance.
- Not limited to Tribal Territory
- Must provide proof of AGI (Adjusted Gross Income)
- Must provide 2 months of most recent and current utility bills for energy/utility assistance

Eligible uses of funds include payments of:

- Rent
- Rental arrears (rent owed)
- Utilities and home energy costs
- Utilities and home energy cost arrears (costs owed)
- Internet costs

This program is **NOT** for homeowners or Tribal Members with mortgages. To apply for this program, you **MUST** be a renter. This program is to help prevent renters from becoming homeless or evicted.

There is a separate application for Homeowners Emergency Energy Assistance.

Tribal members must also provide in writing that they have experienced a reduction in income, incurred significant cost, or experienced other financial hardship due to COVID-19.

Verification of Income/Assets may include copies (not originals) of:

2019 or 2020 IRS Individual Tax Returns.

Benefit award letters showing yearly income (SSI, pension, disability etc.).

Self-employed provide 2019 or 2020 Tax Returns, including Schedule C & all attachments.

Proof of unemployment filling is acceptable but must provide copies of last 2 paystubs.

Proof of COVID-19 related income loss/reduction.

Financial Aid Statements for Students to show prove of income eligibility.

Bank Statements.

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APPLICANT INFORMATION

Full Name:		<u> </u>		XXX XXX COR	XXX	200 - 1803 - 1180 - 120000 - 1201 - 1003 - 1203000 - 12
	First	Last				SS#
Address:	Number & Street	City	(637—000)—0376—330—000	-010-0-0-3-05-		State & Zip
	Haliwa-Saponi Indian Tribe				Date of Birth	
	Phone #			200 200		Email
RENTER'	S HOUSEHOLD INFORMATI	<u>ON</u>				
A Family Member #	B Family Member Name Social Security Number	C Relation to Family Head	D Date of Birth	E Age	F Sex	G Occupation
1	SSN	Head (Tribal Card Holder)	,			***************************************
2	SSN		**************************************	***************************************		
3	SSN		20-020-03-03-03-03-03-03-03-03-03-03-03-03-03	9 222-238-32 8		\$200.00%-103#0-760%-0-10#1-76-08%-11-2
4	SSN		<u> </u>	1 <u>8.55-116-116-</u> 27		830ED980.885_0.48ED581r85_0.48E_881p.2
5	SSN		<u> 2 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - </u>	<u> </u>		
6	SSN		<u>250-0000 00000-000000</u>	<u></u>		<u>2004-00-00-00-00-00-00-00-00-00-00-00-00-</u>
Is there any	yone in the home with a disability?	(Circle) Yes	No		5	
5.4 Sec. (Sec. (Sec. (1944-195).)	been impacted by any of the follow				2000-20	
COVID	Financial Crisis	Health Crisis	Utility Disc	onnectio	n (<i>If so</i>	please attach)
INCOME Esmily Man	ah ar #	.1		т.		
Family Men	nber # Emp	Employer		Income Monthly		Yearly
2						
3			5 3 			

HALIWA-SAPONI INDIAN TRIBE U.S. Department of Treasury Emergency Rental Assistance (Page 3)

4				
5			v 	
6			X 	
	TOTAL FAR	HI V INCOME		
	101AL FAN	IILY INCOME	:	
SSETS				
Checking Account	Yes	No	Value \$	X 800 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Savings Account	280 00000 <u>200 200 - 200 - 200 - 20</u> 0 00	No	Value \$	
Stocks Bonds	5010 81 1 8	No No	Value \$ Value \$	x
Real Property		No	Value \$	1
PL	EASE ATTACH	COPIES OF	ASSETS	
OUSING RENTAL CONDITIONS				
ENT:				
Monthly Amount Now Paid for Rent			<u> 1816 - 615 - 615 - 616 - 6</u> 16	
Total amount in Rent Owed (behind payments)				
Did (behind payments) take place before	ore March 13, 2020	Yes	No	
Landlord's Name:				
Landlord's Address:				
Landlord's Contact Number:		X6X - 1160 - 307/63 - 163 11 - X8		SEX XVVV-15-17-5 VEXT 11-85 NOVE VEIL XXX
ATTACH ONLY COPY OF LEASE	MONTHLY PAY	MENT AG	REEMENT (Do	Not Attach the Entire L
LECTRIC:				
Monthly Amount Now Paid for Electron	ric	\$		
Total amount in Electric Owed (behind payments)		\$		
Did (behind payments) take place before	ore March 13, 2020	Yes	No	
Electric Company Name:				1 - 201803 - 1 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Electric Company Address:		<u> 1816 - 1181 - 818-218 - 1817 - Al</u>		
Electric Company Contact Number: _				
Electric Company Account Number_				

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GAS:					
Monthly Amount Now Paid for Gas	\$				
Total amount in Gas Owed (behind payments)	\$				
Did (behind payments) take place before March 13, 2020	Yes No				
Gas Company Name					
Gas Company Address					
Gas Contact Number					
Gas Company Account Number					
WATER/SEWER:					
Monthly Amount Now Paid for Water/Sewer	\$				
Total amount in Water/Sewer Owed (behind payments)	\$				
Did (behind payments) take place before March 13, 2020	Yes No				
Water Company Name					
Water Company Address					
Water Company Contact Number					
Water Company Account Number					
INTERNET:					
Monthly Amount Now Paid for Internet	\$				
Total amount in Internet Owed (behind payments)	\$				
Did (behind payments) take place before March 13, 2020	Yes No				
Internet Company Name					
Internet Company Address					
Internet Company Contact Number					
Internet Company Account Number					

PLEASE ATTACH COPIES OF THE MOST RECENT 2 MONTHS CURRENT BILLS YOU ARE SEEKING ASSISTANCE

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Statement of Need from bein	g impacted by COVID 19
	
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I N	
Rights And Responsibilities: I understand that it is against the law to make false statements a so. I certify that the information I have provided is true and congive the Haliwa-Saponi Indian Tribe and the U.S. Department on necessary to determine my eligibility. If found to have gotten for the U.S. Department of the Treasury.	nplete statements of facts to the best of my knowledge. I of the Treasury permission to verify all information
Applicant Print Name	
Applicant's Signature	Date

PLEASE MAIL THIS FORM OR DROP IT OFF AT THE TRIBAL CENTER
HALIWA-SAPONI INDIAN TRIBE

ERA

39021 HWY 561

P.O. Box 99

HOLLISTER, NC 27844