

**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 filing 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.

APPLICANT INFORMATION

Full Name:

--	--	--

First

Last

SS#

Address:

--	--	--

Number & Street

City

State & Zip

--	--

Haliwa-Saponi Indian Tribe Enrollment Number

Date of Birth

--	--

Phone #

Email

RENTER'S HOUSEHOLD INFORMATION

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 _____	_____	_____	_____	_____	_____
4	_____ SSN _____	_____	_____	_____	_____	_____
5	_____ SSN _____	_____	_____	_____	_____	_____
6	_____ SSN _____	_____	_____	_____	_____	_____

Is there anyone in the home with a disability? (Circle) Yes No

Have you been impacted by any of the following: (Circle all that may apply)

COVID Financial Crisis Health Crisis Utility Disconnection (If so please attach)

INCOME

Family Member #	Employer	Income	
		Monthly	Yearly
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

4 _____

5 _____

6 _____

TOTAL FAMILY INCOME: _____

ASSETS

Checking Account	Yes _____	No _____	Value \$ _____
Savings Account	Yes _____	No _____	Value \$ _____
Stocks	Yes _____	No _____	Value \$ _____
Bonds	Yes _____	No _____	Value \$ _____
Real Property	Yes _____	No _____	Value \$ _____

PLEASE ATTACH COPIES OF ASSETS

HOUSING RENTAL CONDITIONS

RENT:

Monthly Amount Now Paid for Rent \$ _____

Total amount in Rent Owed (*behind payments*) \$ _____

Did (*behind payments*) take place before March 13, 2020 Yes _____ No _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Contact Number: _____

ATTACH ONLY COPY OF LEASE MONTHLY PAYMENT AGREEMENT (*Do Not Attach the Entire Lease*)

ELECTRIC:

Monthly Amount Now Paid for Electric \$ _____

Total amount in Electric Owed (*behind payments*) \$ _____

Did (*behind payments*) take place before March 13, 2020 Yes _____ No _____

Electric Company Name: _____

Electric Company Address: _____

Electric Company Contact Number: _____

Electric Company Account Number _____

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**

