



Department of Administration
COVID-19 Emergency Rental Assistance

Post Office Box 458 / Ada, OK 74821 / (580) 757-9064 / Toll-free: (888) 895-7979 / Fax (580) 272-1398 / Email address: ERAP@Chickasaw.net

COVID-19 Emergency Rental Assistance Program Application

Eligibility groups for the Emergency Rental Assistance program include Chickasaw citizens, households where a Chickasaw citizen lives, and tenants who lease/rent property owned by a Chickasaw citizen and are referred to this program by their landlord, Chickasaw Nation or tribal subsidiary employees, households where a Chickasaw Nation or tribal subsidiary employee lives, and tenants who lease/rent property owned by a Chickasaw Nation or tribal subsidiary employee and are referred to this program by their landlord.

Please submit one application per household

Application type: First time application Re-certification for additional funding

Which eligibility group applies to your household?

- I am a Chickasaw citizen
- A Chickasaw citizen lives in the household
- I am a Chickasaw Nation or tribal subsidiary employee**
- A Chickasaw Nation or tribal subsidiary employee lives in the household
- I was referred by my landlord and have a referral number
- None of the above

Household Income Information:

How many live in your household? _____

What is the total gross household monthly income? _____

Gross income is the sum of all wages, salaries, profits, interest payments, rents, and other forms of earnings, before any deductions or taxes.

Are you able to provide supporting documentation of household income? Yes No

Supporting documentation for income verification is highly recommended, BUT NOT REQUIRED if unable to provide for eligibility review. Documentation may include paystubs, W-2s, or other wage statements, tax filings, bank statements demonstrating regular income, or attestation from an employer, etc.

What county and state do you reside? _____ What is your ZIP code? _____

COVID-19 Hardship Information:

Have you or another member of your household qualified for unemployment benefits in 2020 or 2021?

Yes No

Have you or another member of your household been unemployed for the last 90 days? Yes No

Has your household experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to COVID-19? Yes No

Select yes if any of these statements apply to you:

- You have been laid off.
- Your place of employment has closed.
- You have experienced a reduction in hours of work.
- You must stay home to care for children due to closure of day care and/or school.
- You must stay home to care for children due to distance learning.
- You have lost child or spousal support.
- You have had an increase in expenses due to COVID-19 i.e., food, child care, medical bills, etc.
- You have been unable to find employment due to COVID-19.
- You are unwilling or unable to participate in your previous employment due to high risk of severe illness from COVID-19.

Please select one or more of the following that applies to you:

- I feel like my cost of living is high compared to my income. After I pay my rent, utilities, food, and other necessary living expenses, I don't have enough funds remaining for other expenses.
- I feel that the quality of my rental property is below average.
- Sometimes I stay with extended family and friends because I do not have stable housing.
- I do not have sufficient savings for emergency situations.
- None of the above.

Has your household experienced a financial hardship due to any of these reasons?

Increases in food prices, i.e., beef, potatoes, eggs: Yes No

Added expense of personal protective equipment (PPE) such as masks, hand sanitizer, gloves, etc.: Yes No

Added expense of equipment and/or supplies for remote work or distance learning: Yes No

Increase in medical bills or loss of work as a result of COVID-19: Yes No

I/we attest that all information provided is true, complete, and correct. I understand that I have been asked to provide supporting documentation such as paystubs, W-2s or other wage statements, tax filings, bank statement demonstrating regular income, or other forms of documentation to support the monthly income amount and if I am unable to provide this documentation as indicated above, it will not affect eligibility determination.

Renter/Tenant Information:

Name: _____
First Middle Last Suffix

Birth date: _____ Citizenship ID no.: _____ **Employee ID no.: _____

Affiliation:

- Chickasaw citizen Other Native American Non-native American
- Employee of the Chickasaw Nation and/or tribal subsidiary**
 - Chickasaw Community Bank Chickasaw Nation Industries Solara Global Gaming
 - Lone Star Park Remington Park Sovereign Native Holco Trace Fiber Networks

Homeless? Yes No (if yes, please provide details regarding the situation to allow us to better assist you quickly)
Please attach a separate sheet if more space is needed.

Mailing address: _____
Street City State ZIP

Physical address: _____
 Same as mailing Street City State ZIP

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Race: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Decline to answer

Ethnicity: Hispanic or Latino Not Hispanic Decline to answer

Preferred method of communication: Phone Email U.S. mail

Household Information:

Use the following table to list all household members. A household is defined as a group of related or unrelated individuals who usually live together and share income and expenses. **Citizenship will be verified. Citizenship ID no. is highly recommended, but not required for verification.**

First name	Last name	Birth date	Tribal affiliation	Citizenship ID no.	CN employee ID no.	Gender

I would like to submit an incomplete application and request assistance to provide the remaining information. The phone numbers listed on this application will be used by an ERA Program representative to contact me. I understand my application will not be processed until I complete the remaining information with an ERA Program representative.

COVID-19 Related Need: (please check all assistance types you are requesting assistance for)

Rent

Landlord name: _____ Landlord phone no.: (____) _____

Landlord email address: _____ Referral no.: _____

I am interested in three months of future rent assistance.

Have you received an eviction notice or are you at risk for eviction now? Yes No If yes, eviction date: _____

Is the landlord an immediate family member* of any household member(s)? Yes No

If yes, please provide proof of pattern of payment i.e., bank statement, Venmo statement, PayPal statement.

***An immediate family member means, with respect to a person: a spouse, parent, brother, sister, child, or any other person living in the household of that person and related to that person by blood or marriage.**

Use the following table to list months, amounts due, and other assistance received. Other assistance should include all rent assistance received from all sources for all household members. Sources of other assistance may include Housing Choice Voucher, Public Housing, Project-Based Rental Assistance, non-profit rental assistance, tribal rental assistance programs, etc.

Month	Rent due	Status (current or past due)	Late fees due	Amount of other assistance received

Utilities and home energy costs (energy costs include fuel oil and firewood)

Use the following table to list utility and home energy costs with their related fields. Other assistance should include all utilities assistance received from all sources for all household members. Sources of other assistance may include Low-Income Home Energy Assistance Program (LIHEAP), Department of Human Services (DHS) utility assistance programs, non-profit utility assistance, tribal utility assistance programs, etc.

I am interested in three months of future utilities assistance.

Month	Utility (gas, water, propane, etc.)	Utility company	Phone number	Account number	Status (current or past due)	Amount due	Amount of other assistance received	Cut-off date (if applicable)

Supporting Documentation:

I will send in supporting documentation via email or mail (applicant first and last name on all pages)
OR

I have attached the following documentation to my application:

- Proof of income for the previous two months for all household members 18 and older (if available)
- Utility bill(s) in the name of a household member which includes the rental property address, account number, and the total balance(s) due including any past due amounts for the applicable time frame.
- Valid federal, state, or tribal photo ID (not applicable for active Chickasaw citizens)
- Lease agreement
- Proof of pattern of payment (if applicable)

Applications will not be considered complete until all available supporting documentation is received.

Certification:

By signing below, I/we certify that I/we have read the Program Participation Certification, that I/we attest that all statements within the Program Participation Certification are true and correct and apply to me/us; that I/we have reviewed this application and the information included with this application; and that all information included with this application is correct and complete to the best of my/our knowledge and any funding or assistance received will be used for the intended purpose.

Applicant signature

Date

Please submit completed application and supporting documentation to:

**ERA Program
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This project is being supported, in whole or in part, by federal award number ERA0453 and ERA0795 awarded to the Chickasaw Nation by the U.S. Department of Treasury.