

HOUSING AUTHORITY OF THE KICKAPOO TRIBE OF OKLAHOMA

101 N Blackberry Rd, McLoud, OK 74851

Phone: 405-964-6262 FAX: 405-964-6263

U.S. TREASURY EMERGENCY RENTAL ASSISTANCE PROGRAM (ERA)

The HAKTO’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 HAKTO affordable housing may be eligible for this assistance. The ERA program is available for Kickapoo Tribal members anywhere in the State of Oklahoma and for other qualifying Native American households in Lincoln, Oklahoma, and Pottawatomie 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 HAKTO, the Kickapoo Tribe 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 HAKTO 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 HAKTO 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 HAKTO 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

| # of People by Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Pottawatomie County | \$34,450 | \$39,400 | \$44,300 | \$49,200 | \$53,150 | \$57,100 | \$61,050 | \$64,950 |
| Oklahoma County | \$41,650 | \$47,600 | \$53,550 | \$59,500 | \$64,300 | \$69,050 | \$73,800 | \$78,550 |
| Lincoln County | \$34,550 | \$39,450 | \$44,400 | \$49,300 | \$53,250 | \$57,200 | \$61,150 | \$65,100 |

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.

YOU MUST ATTACH ALL OF THE FOLLOWING DOCUMENTS WITH THE APPLICATION IN ORDER FOR THE APPLICATION TO BE PROCESSED:

- CDIB and/or Tribal Enrollment Cards (For Head of Household & Spouse)**
- Driver's License, State Identification Card, birth certification, tribal card, or CDIB (For everyone listed on the application) Choose one from list.**
- Copy of Social Security cards (For everyone listed on application)**
- Copy of check stubs, 2020 tax returns, transaction report from BIA for last 12 months if you own trust/restricted property. If paper copies are not available, a self-certification affidavit may be used.**
- Copy of Marriage License (if applicable)**
- Copy of Dwelling Lease/Rental Agreement (which states the monthly rent amount) that is compliant with the Oklahoma Landlord-Tenant Act.**
- Provide a W-9 form from landlord before payment can be made. Attached to application**
- Copy of recent utility bills with the amount due. The HAKTO shall pay a pre-determined amount for a utility allowance but the applicant must submit proof of utility services in applicant name. The HAKTO shall make an ERA payment of a standard utility allowance based upon the number of bedrooms in the unit for anticipated utility charges for three months.**
- Documentation of unemployment benefits received (if applicable)**
- Documentation of reduced household income, experienced major costs, or other financial hardship caused directly or indirectly by COVID-19 (if applicable). If no documentation exists, the applicant must certify to one of these conditions being met in order to be determined eligible.**
- 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 one of these conditions being met in order to be determined eligible.**
- Applicants shall sign a "Statement of Attestation" that they have not been awarded and received any other emergency rental or similar assistance during the COVID-19 pandemic from the HAKTO or other Tribes. This statement is included with the application.**

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Applicant Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ County: _____ # of Bedrooms: _____
 Physical Address if different from mailing address: _____
 Daytime Phone: _____ Alt. Phone and/or email: _____

1. Are you living in a Kickapoo 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: _____
 Landlord Name,Address,Phone#: _____
- Rent Arrearage – Please enter the total amount past due up to three months: _____
- Utility Charges – Please enter the current monthly charge: _____
 Company Name(s): _____
- 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” to the unit you are renting or intend to rent? You should be able to obtain the legal description from the landlord. The HAKTO needs this info to determine the true ownership of the dwelling unit.

5. Household Composition, Complete the information below for each member in the household including yourself. **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

| | Employee Name | Employer Name | Rate Per Hour | Rate Per Wk | 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 HAKTO 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

ELIGIBILITY DETERMINATION (HAKTO Use Only)

Date and time **COMPLETED** application received by HAKTO: _____

Signature and Title of HAKTO employee receiving **COMPLETED** application:

Based upon the completed application and supporting documentation, and all applicable requirements, the applicant _____ is determined to be:

Eligible Not Eligible: If not eligible, state reason:

Signature, title and date for
person certifying eligibility:

STATEMENT OF ATTESTATION:

Emergency Rental Assistance

I, _____, do hereby certify and attest that all of the information contained in my application and otherwise provided to the HAKTO is true and accurate to the best of my knowledge and I have not received any duplicative Emergency Rental Assistance from the Kickapoo Tribe, any other Tribe or any other organization.

Attested by:

Signature

Date