2021

Dear Tribal Member:

Please complete and return this application in efforts to receive COVID-19 homeowner pandemic assistance through the Department of Housing. The purpose of the program is to provide services to those who have been directly affected by the COVID-19 pandemic.

Note: incomplete applications and those without proper documentation will delay processing.

Documentation includes:

1) Copy of Narragansett Indian Tribal Enrollment.
2) Income documentation for all permanent household members (Tribal and non-Tribal) 18 years of age and older.
   - Documentation examples: Unemployment compensation, the most recent IRS Form 1040, copy of SSI/SSA, Work Comp, or Last three (3) consecutive Pay Stubs.
3) Documentation proving direct relationship of being affected by COVID-19.

Once eligibility is established you will be informed. Notice: Service is based on the availability of funds. If you have any questions, please feel free to contact (401)-364-1100 ext. 209 or ext. 233.

Sincerely,

[Signature]

Holly Hazard, Housing Director
Narragansett Indian Tribal Program  
COVID-19 CARES Act (IHBG)  
Housing Department Application

A. APPLICANT INFORMATION  
DATE OF APPLICATION:  /  / 2021

1.  
   Mortgage/Taxes  Utilities

2. Name  
   Last:  First:  MI  Maiden Name, if any

3. Current Address  Street Address  P.O. Box #, if any

   City:  State:  Zip Code:

4. Phone Number  (  )  Email:

5. Date of Birth:  /  Roll Number

B: FAMILY INFORMATION:
6. List all other persons (tribal and non-tribal) who live in the household on a permanent basis. Provide Name, Date of Birth, Social Security #, Relationship to Applicant, and Roll Number (if applicable). (Use separate sheet if needed).

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<tr>
<th>NAME</th>
<th>D.O.B.</th>
<th>Soc. Sec. #</th>
<th>Relationship</th>
<th>Roll #</th>
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If you need more space, please use a blank sheet of paper.

C: INCOME INFORMATION
7. Starting with applicant, then list all permanent household members, who are 18 years of age or older. Include everyone listed under Parts A and B who have income. Provide signed copies of SF-1040 (income tax return), W-2 forms, wage stubs, social security, retirement, disability and unemployment benefits, child support and alimony, royalties etc. for verification.

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<th>NAME</th>
<th>ANNUAL INCOME</th>
<th>SOURCE OF INCOME</th>
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Total income: $
D. GENERAL INFORMATION

8. Have you or anyone in your household ever received COVID-19 assistance?
   Yes_____  No_____  
   If Yes,  For ________________________________ ________________  
   ________________________________ By Whom  ____________________________ Date Amount

9. How have you been impacted:

   Documentation must be provided for proof of impact. i.e., Lay-off Letter from employer, Proof of reduction in hours, proof of Business closure, quarantined by employer.


F. APPLICATION CERTIFICATION: Review certification carefully before signing and dating in ink.
   I certify that all answers given are (1) true, complete and correct to the best of my knowledge and belief and (2) made in good faith. I understand that false or misleading statements to receive assistance may constitute forfeiture of service and that information provided is solely to determine eligibility for resource assistance.

   ____________________________________________  Date
   Applicant’s Signature
AUTHORIZATION TO RELEASE INFORMATION

I, ________________________________, hereby authorize the Narragansett Indian Tribes Housing department to inquire and or exchange information with any pertinent agency in processing this application for assistance.

The Housing Department will hold any information obtained or released during this application process for services strictly confidential in accordance with applicable federal law.

_____________________________  _________________________
Signature                        Date

_____________________________  _________________________
Authorized Staff                  Date

Adopted 4.13.21 TCR 041321-01