



**Modoc Housing Authority**  
**22 N Eight Tribes Trail**  
**Miami, OK 74354**  
**Phone: 918-542-8175 Fax: 918-542-5415**  
**EMAIL: modoc.housing@modoctribe.com**

## **COVID-19 Emergency Rental Assistance Program**

The Emergency Rental Assistance Program (ERAP) assists eligible tribal households that are unable to pay rent and utilities (electric, water, gas, propane, sewer, trash removal) due to COVID-19 pandemic. ERAP can assist eligible households with rental arrearages, utility arrearages, current rental payments, and current utility payments. Telecommunication services (telephone, cable, internet) delivered to the rental dwelling are not considered to be utilities. This program is only available to rental households and does not apply to households with a mortgage or who currently own their home. This program is limited to one tribal member per household. Payments will be made directly to the landlord or utility company.

### **Program Requirements:**

- 1 or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak.
- 1 or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.
- Household income is at or below 80% of area median income.

### **For all Applicants:**

- Completed Application
- Copy of CDIB card for all card holders/Driver's License
- Social Security Cards for household members
- Landlord/Utility Form
  - Current rental lease
  - Completed w9 from landlord (Tax ID required)
  - Signed Landlord Acknowledgment
  - Invoice or statement showing Rental Arrears and interest/penalties accrued or eviction notice that shows balance due.
- Utility Bills
  - Copy of Current Utility Bill
  - Bill must be in tribal member's name or spouse's name
  - Account number must be on bill
- Income verification (please submit one of the following for all household members receiving income);

- Paystub (last 30 days)
- Income Verification Form
- Proof of Unemployment
- or 2020 tax return
- If no income- attached Zero Income Certification must be filled out by each adult household member with no income.
- If child is Card holder please submit copy of
  - CDIB card
  - Proof of Residency (letter from school, etc.)
  - Birth Certificate
  - Custody order/guardianship documents

**NOTE: Further documentation may be requested during the application process.**

**MODOC HOUSING AUTHORITY  
 COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM  
 Financial Assistance Form**

Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program.

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tribal Enrollment \_\_\_\_\_ SSN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1. What is the primary applicant's race? \_\_\_ Caucasian \_\_\_ Black or African American  
 \_\_\_ Native American \_\_\_ Other (Please list) \_\_\_\_\_
2. What is the primary applicant's ethnicity? \_\_\_\_\_
3. Do you currently rent the home in which you are living? \_\_\_ Yes \_\_\_ No

Current Landlord Name: _____
Contact Phone: _____ Email: _____

- a. If yes, attach and submit your current rental lease. (must have applicant listed on lease)
4. What is the total amount of rent that you pay each month? \$ \_\_\_\_\_

**Household Information**

Complete the information below for each member who is living in the home.

NAME	SSN	SEX	BIRTHDATE	RELATIONSHIP	TRIBE
				SELF	

## INCOME INFORMATION

Complete the information below for each member of household with income.

Household Member	Employer	Gross Annual Wages	Social Security	Unemployment Benefits	All Other Income

### UNEMPLOYMENT:

Are you currently receiving unemployment?  YES  NO

If NO, have you applied?  YES  NO

If YES, Who Applied? \_\_\_\_\_ Application date? \_\_\_\_\_

Is your unemployment COVID-19 related?  Yes  No

In what state? \_\_\_\_\_ Status of Application \_\_\_\_\_

Has anyone experienced a reduction in household income, incurred significant costs, or financial hardship due to COVID-19?  YES  NO

## FINANCIAL ASSISTANCE

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

“Financial Assistance” means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current Utility Cost.

“Rent” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

“Utility Costs” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).

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**Certification of Zero Income  
(To be completed by all adult household members only, if applicable)**

Household Name: \_\_\_\_\_ Project/Unit: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:

- a) Wages from employment (including commissions, tips, bonuses, fees, etc.)
- b) Income from operation of a business
- c) Rental income from real or personal property.
- d) Interest or dividends from assets.
- e) Social Security payments, insurance policies, retirement funds, pensions, or death benefits.
- f) Unemployment or disability payments.
- g) Public assistance payments.
- h) Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- i) Sales from self-employment resources (Avon, Mary Kay, etc.).
- j) Any other source not named above

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in the certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

## A. Rent Arrears and Utility Costs Arrears

**Do you have any Rent Arrears or Utility Costs Arrears?**

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrear's payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)

**Rent Arrears and Utility Costs Arrears:**  
**Only** includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020.**

**Arrears includes** interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.

**Arrears does not include** interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

- Rent Arrears** (Rent payments in arrears):

Total amount in Arrears \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Utility Costs Arrears** (Utility Cost payments in arrears): Total amount in Arrears \$ \_\_\_\_\_

1. Type of Utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Type of Utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Type of Utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears Modoc Housing Authority will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

**B. Current Rent and Current Utility Costs**

**Do you expect to be unable to pay your Current Rent or Current Utility Costs payment, or required Deposit to obtain rental housing?**

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment (rental lease, documents showing rent or utility costs due, etc.)

- Current Rent Payment due** (Rent payment for the current month that is due and owing but not yet in arrears):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Current Utility Costs Payments due** (Utility Costs that are currently due and owing but not yet in arrears):

**1. Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_



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## **EMERGENCY RENTAL ASSISTANCE (ERA)**

### **Landlord Information**

**(must be completed by Landlord)**

LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
LANDLORD ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**I am aware that the tenant named above is applying for “Emergency Rental Assistance”.**

Does the tenant have overdue rent charges? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, overdue balance due to unpaid rent charges: \$ \_\_\_\_\_ as of \_\_\_\_\_

Regular Monthly Rent and Monthly Utility Charges (if included): \$ \_\_\_\_\_

By signing below, I hereby certify the above listed tenant is behind due to COVID-19 Public Health emergency and is at risk of eviction if these charges are not satisfied. I also verify that the tenant’s overdue balance related to charges obtained no earlier than March 13, 2020, the date of emergency declaration pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U. S. C. 5191 (b).

\_\_\_\_\_  
Landlord Name (Type or Print)

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date



**MODOC HOUSING AUTHORITY**  
**COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

**Applicant Certification of Economic Hardship**

In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Briefly explain how you have experienced hardship due to COVID-19:

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I agree to notify the Modoc Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

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**Applicant signature**

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**Date**

**Applicant Acknowledgements**

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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By my signature below, I hereby certify that all the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Modoc Housing Authority of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if Modoc Housing Authority determines it is appropriate to do so.

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APPLICANT SIGNATURE

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DATE

**\*NOTICE\* The Rental Assistance Program will be available and paid out as long as funds are available, and the program is feasible.**

**Incomplete applications will not be considered.**

Form Received by Modoc Housing Authority:

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STAFF MEMBER SIGNATURE

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DATE

**OFFICIAL USE ONLY**

Approved:  Yes  No Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**MODOC HOUSING AUTHORITY**  
**EMPLOYMENT INCOME VERIFICATION**

The Modoc Housing Authority is required by Emergency Rental Assistance to verify the income of all applicants. The person identified below has informed us that he/she is now or has been, within the past twelve months, employed by your firm. We will appreciate your cooperation in supplying the following information concerning the above referenced person. This information will be kept in strict confidence.

  
Director

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**THIS SECTION TO BE COMPLETED BY APPLICANT:**

NAME: \_\_\_\_\_

I authorize \_\_\_\_\_ (Employer) to give the Modoc Nation information they need in regard to employment. I release the above-named agency from all liability in relation to the release of such information.

Employee's Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_.

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**THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY:**

Employed from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Occupation \_\_\_\_\_ Employment is: Permanent \_\_\_\_\_  
Temporary \_\_\_\_\_  
Seasonal \_\_\_\_\_

Current rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Average number of hours per week: \_\_\_\_\_ Full Time? \_\_\_\_\_

Earnings during past 12 months, or the period of employ if less than 12 months \$ \_\_\_\_\_

Estimated amount of commissions, if applicable: \$ \_\_\_\_\_ per \_\_\_\_\_

Anticipated guaranteed earnings in the next 12 months: \$ \_\_\_\_\_

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Date: \_\_\_\_/\_\_\_\_/20\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Completed By: \_\_\_\_\_

Telephone # : \_\_\_\_\_

\* Landlord only \*

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box (or federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See Instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
					-				
<b>OR</b>									
<b>Employer identification number</b>									
					-				

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.