

# Rental Assistance Benefits available at the Tribal Assistance Program for Yavapai-Apache Nation adult Tribal Members



The Yavapai-Apache Nation Tribal Council has recognized the critical importance of establishing a Tribal Assistance Program to provide temporary financial relief for Tribal Members and their families. The Tribal Assistance Program was developed May 14, 1998

## What does Rental Assistance Provide?

- In an emergency situation, Rental Assistance is offered to eligible adult Tribal Members by assisting with one month of delinquent rent payment. In order to receive this assistance, rental delinquency notice must list adult Tribal Member as "primary tenant" (head-of-household).

## How do I become eligible for Rental Assistance?

- Adult Tribal Members become eligible for Rental Assistance when they meet all the following requirements:
  - Household's monthly net income is at or below the Tribal Assistance Income Guideline Scale listed below. Net income cannot exceed figures
  - Rental Delinquency Notice lists adult Tribal Member as "primary tenant" (head-of-household).
  - A period of five years has expired since the date adult Tribal Member previously received Rental or Move-in Assistance Benefits.

TRIBAL ASSISTANCE PROGRAM INCOME SCALE			
HOUSEHOLD SIZE	MONTHLY NET INCOME	HOUSEHOLD SIZE	MONTHLY NET INCOME
1 person	\$1365	6 people	\$3740
2 people	\$1840	7 people	\$4215
3 people	\$2315	8 people	\$4690
4 people	\$2790	9 people	\$5165
5 people	\$3265	10 people	\$5640

For each additional person, the income eligibility will be adjusted upward by \$475

## How do I apply?

- If you are an adult Tribal Member who has been served with a delinquency notice, simply complete the attached application forms and return it to the Tribal Assistance Program with copies of all the following documents:
  - Yavapai-Apache Nation Enrollment Card
  - Most two recent paycheck stubs from all employed residents of the household.
  - Current verification of entire household's unearned income. (see #2 of application for listing of unearned income)
  - Rental Delinquency Notice
  - Two Employment Referral Forms (if unemployed)
  - Disability statement from physician (if temporary disabled)
  - W-9 Tax Form- Must be completed by landlord in order for payment to be processed
- If you are determined eligible for Rental Assistance, payment will be issued directly to the landlord for one months delinquent rent payment to prevent pending eviction.
- All late fees accrued due to delinquent status are your responsibility.

## How long can the Tribal Assistance Program take to decide my eligibility?

- When entire application form is complete and returned with all required documents, the Tribal Assistance Program must make a decision within 3-7 operating business days from the date and order application is received.

## How often can I receive Rental Assistance?

- Rental Assistance is available as a grant once every 5-years.

## What if I have not been served an eviction notice?

- A copy of entire lease agreement must be submitted. Lease Agreement must list adult Tribal Member as "primary tenant" (head-of-household).
- You must demonstrate to the satisfaction of the Tribal Assistance Coordinator that the reason you are unable to pay the rent was beyond your ability to control, such as an emergency.

## What if I and or adult resident of my household are unemployed?

- If you or adult resident of your household is unemployed you/adult resident must actively seek employment and provide evidence of efforts to obtain employment by completing two Employment Referral Forms each.
- Employment Referral Forms are available per request and must be completed and returned with application form before eligibility will be determined.

## What if I and or adult resident of my household is a college student and do not work?

- If you or adult resident of your household is a full-time college student, you/adult resident are exempt from seeking employment. Higher Education Award Statement or check stubs from scholarships, grants or loans must be submitted.
- Part-time Students:**

If you or adult resident of your household is a part-time college student, you/adult resident are not exempt from seeking employment and therefore required to complete two Employment Referral Forms. Higher Education Award Statement of check stubs from scholarships, grants or loans must be submitted.

## What if I am unable to work due to a disability?

- If you or any other adult resident of your household is temporary or permanently unemployed due to an injury or illness, a current written statement from a physician is required verifying disability, inability to work and clarifying whether your disability is temporary or permanent.

### IMPORTANT INFORMATION:

- All adults of residents of household must sign Authorization for Release of Information Form.
- When inquiring the status of your application, information will only be disclosed to the adult Tribal Member who has applied for assistance.
- If you require assistance in completing the application or have any questions regarding the assistance available, please contact the Tribal Assistance Program.



YAVAPAI-APACHE NATION  
Tribal Assistance Program  
2400 W. Datsi Street  
Camp Verde AZ 86322

## RENTAL ASSISTANCE APPLICATION YAVAPAI-APACHE NATION

LEGAL NAME (Last, First, Middle)				MAIDEN NAME		
MAILING ADDRESS P.O. BOX/Street		CITY		STATE	ZIP CODE	
PHYSICAL ADDRESS Street		CITY		STATE	ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE	CELLULAR OR MESSAGE NUMBER	EMAIL ADDRESS			
LIST EVERYONE THAT LIVES WITH YOU. START WITH YOURSELF		RELATION TO APPLICANT	ENROLLMENT NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
1.		<b>SELF</b>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

1.  Check here if you have ever received Rental or Move-in Assistance and provide date. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨
2.  Check here if you were served with an eviction notice and provide scheduled eviction date. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨
3.  Check here if you are two months or more behind on your rent and provide the number of month's delinquent. ⇨⇨⇨⇨⇨

EARNED INCOME:						
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone in your household working and/or self-employed? This includes all income, wages, salaries, tips or commissions from any type of work, whether full or part-time, temporary, seasonal, monthly, self-employed or training. If Yes, please complete the below information. If self-employed, a monthly record of all earnings must be submitted for the past 30-days. If you or anyone in your household just started working and have not received first paycheck or have only received one paycheck, please attach a statement from employer verifying full or part-time employment. Statement must include date of hire, hours worked per pay period and weekly or bi-weekly net pay. Statement must be issued on employer's business letter head.					
NAME OF EMPLOYED PERSON (S)	NAME OF EMPLOYER	EMPLOYER'S TELEPHONE	HOURS PER PAY PERIOD	HOURLY WAGE	HOW OFTEN PAID (weekly, Bi-weekly)	MONTHLY NET INCOME
						\$
						\$
						\$

UNEARNED INCOME:			
5. Do you or anyone in your household receive or expect to receive money from any of the following sources this month? If Yes, <b>attach</b> copies of updated monthly Award Statement(s) or check stubs and complete the following information below.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Assistance/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement/Pension
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Assistance BIA/State	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Comp/Industrial
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships, grants/loans
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Money/Per-capita
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any government check
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Gifts/Personal loans/Other
NAME OF PERSON (S) RECEIVING MONEY	SOURCE	HOW OFTEN RECEIVED (Weekly, Bi-Weekly, or Monthly)	AMOUNT RECEIVED
			\$
			\$
			\$

6. Provide subtotal of all household's earned and unearned income received during the qualifying month. ⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨⇨ \$

### CURRENT EXPENSES:



**RENTAL ASSISTANCE APPLICATION**  
YAVAPAI-APACHE NATION

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the release of information requested by the Department of Social Services Tribal Assistance Program or its representatives to verify my financial information, where I live, and residents of my household. The Department of Social Services Tribal Assistance Program will only use the information for the assistance of which I have applied. The Department of Social Services Tribal Assistance Program will not release this information to any other person or agency outside the Tribal Assistance Program or its representatives. This release of information remains in effect while I am a recipient of the Tribal Assistance Program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: local governments, public assistance programs, health care providers, landlords, employers, private individuals and other departments within the Yavapai-Apache Nation.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

APPLICANT'S SIGNATURE	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT	SIGNATURE OF OTHER ADULT HOUSEHOLD RESIDENT
PRINTED NAME	PRINTED NAME
ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE	DATE