



## RENTAL ASSISTANCE APPLICATION

### YAVAPAI-APACHE NATION Tribal Assistance Program

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?

- Rental Assistance is offered to eligible adult Tribal Members by assisting with one month of delinquent rent payment.

#### How do I become eligible for Rental Assistance?

- Adult Tribal Member becomes eligible for Rental Assistance when they meet all the following requirements:
  - ❖ **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 Assistance or 12 months since receiving Move-In Assistance benefits.**

#### How do I Apply?

- Adult Tribal Member who is head of household must 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**
  - ✓ **Rental Delinquency Notice**
  - ✓ **Entire lease agreement, deed/title or current YANTH Rent & Household Composition Form.**
  - ✓ **W9 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 month of delinquent rent 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 2 business days from the date and order your application is received.

#### IMPORTANT INFORMATION:

- ★ **All adult residents** of household must sign & date Authorization for Release of Information Form.
- ★ When inquiring about 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.

**RENTAL ASSISTANCE APPLICATION**  
**YAVAPAI-APACHE NATION**  
**Tribal Assistance Program**

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.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

**AS DETAILED AS POSSIBLE, EXPLAIN WHY YOU ARE UNABLE TO PAY YOUR RENT EXPENSE THIS MONTH?**

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**STATEMENT OF COOPERATION**

- I have supplied a copy of my Yavapai-Apache Nation Enrollment Card to verify enrollment membership.
- I have supplied a copy of my entire lease agreement or deed/title of my home/rental unit.
- I have supplied a copy of my delinquent notice.
- I have read or had explained to me the application process to receive Rental Assistance benefits.
- I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Rental Assistance Benefits.
- By signing below I am stating that the information provided to the Tribal Assistance Program is true to the best of my knowledge.

APPLICANT'S SIGNATURE	DATE
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**YAVAPAI-APACHE NATION**  
**Tribal Assistance Program**

**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