

Yavapai-Apache Nation
COVID-19 Emergency Rental Assistance Application Checklist

- Completed Application;
- Copy of Tribal Enrollment Card;
- Copy of entire lease or rental agreement confirming applicant is head of household and monthly rental amount;
- Documentation verifying that one or more members of the household qualified for unemployment, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic, such as documentation of unemployment benefits, furlough, layoff, reduced hours, or increased utility costs or other expenses. Alternatively, if the applicant attests that documentation is not reasonably available, the applicant-certified information provided in the application will be accepted without further verification as long as it specifies a financial hardship due, directly or indirectly to the COVID-19 pandemic;
- Documentation verifying risk of experiencing homelessness or housing instability such as a delinquency or eviction notice, past due utility bill, or other evidence of risk. Alternatively, if the applicant attests that documentation is not reasonably available, the applicant-certified information provided in the application will be accepted without further verification as long as it specifies such a risk;
- Original and complete utility bill, which must be in the name of the head of household (if applicant is requesting utility assistance or to demonstrate a risk of experiencing homelessness or household instability)
- Documentation verifying household income, such as copies of paycheck stubs, W-2s or other wage statements, tax filings, bank statements demonstrating regular income, an attestation from an employer, or a determination letter from a government agency (e.g. YANTH, DSS, AZDES) that verified the applicant's household income to be at or below 80 percent of the area median income in connection with another government assistance program, provided that the determination for such program was made on or after January 1, 2020. Alternatively, if the applicant attests that documentation is not reasonably available, the applicant-certified information provided in the application will be accepted without further verification as long as it specifies a household income that meets the income eligibility requirement;
- Original and complete internet bill or documentation of other housing expenses (if applicant is requesting other housing expenses assistance);
- Any other documents to support the information in the application
- W-9 from landlord, utility company, and/or provider of other housing expenses.



YAVAPAI-APACHE NATION

APPLICATION FOR COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applying For: Rental Assistance Utility Assistance Other Housing Expenses Assistance

Applicant Information:

HEAD OF HOUSEHOLD (Last, First, Middle)		ENROLLMENT NUMBER (of Head of Household or member of Household)		
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	

Household Composition: List the Head of Household and all persons living in the residence.

First Name	Last Name	Relationship to Head of Household	Date of Birth
		Self	

Household Income: List below all sources of income for every adult household member. Include all income, such as wages, net income from self-employment, general assistance, TANF, child support, Social Security/SSI, unemployment, workers' compensation, retirement/pension, tribal per capita payments

Household Member	Source of Income (include name of employer where applicable)	Amount (before deductions)	Payment Basis (weekly, monthly, etc.)	If unemployed, length of unemployment

COVID-19 Impact: Please describe how the COVID-19 pandemic has affected your household, such as one or members qualified for unemployment, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the pandemic. Provide supporting documentation, such as documentation of unemployment benefits, furlough, layoff, reduced hours, or other evidence of such impact.

Household Instability: Please describe how one or more household members are at risk of experiencing homelessness or household instability, such as rental arrears, past due utility bills, unsafe or unhealthy living conditions. Provide supporting documentation, such as a delinquency or eviction notice, past due utility bill, or other evidence of such risk.

Other Assistance: Please list any other rental or utility assistance the household is receiving or has applied for in the last twelve (12) months. Assistance under this COVID-19 Emergency Rental Assistance Program must not be applied to costs that have been or will be reimbursed under any other assistance provided to the household.

Certification/Attestation: I certify and attest that all the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that providing misleading or false information may result in denial or require repayment of benefits received. I authorize the Yavapai-Apache Nation Department of Social Services to verify all information provided on this application. I understand that the Department of Social Services will not release this information to any other person or agency outside the Department of Social Services, except as required to meet its reporting requirements to the U.S. Department of the Treasury as required by federal law.

Head of Household:

Printed Name

Signature

Date

If the application is being submitted by a landlord on behalf of the head of household, the landlord must sign and provide the information below.

Printed Name

Signature

Date

Company

Mailing Address

Telephone Number

Email Address

OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____

RECOMMENDATION:

APPROVE/DISAPPROVE: _____ DATE: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of information requested by the Department of Social Services or its representatives to verify my financial information, where I live, and members of my household. The Department of Social Services will only use the information for the assistance of which I have applied. The Department of Social Services will not release this information to any other person or agency outside the Department of Social Services, except as required to meet its reporting requirements to the U.S. Department of the Treasury as required by federal law. This release of information remains in effect while I am a recipient of the COVID-19 Emergency Rental 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.

This authorization is effective one year from the date of signature.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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

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

**Attestation that Certain Documentation Verifying Eligibility for Assistance under the
Emergency Rental Assistance Program is Not Reasonably Available**

I attest that for the reason(s) stated below, documentation verifying one or more of the eligibility criteria for assistance under the Emergency Rental Assistance Program is not reasonably available (check those that apply).

- Documentation verifying that one or more members of the household qualified for unemployment, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

Reason documentation is not reasonably available:

- Documentation verifying risk of experiencing homelessness or housing instability.

Reason documentation is not reasonably available:

- Documentation verifying household income

Reason documentation is not reasonably available:

Head of Household:

Printed Name

Signature

Date