RESOLUTION NO. 207-21
OF THE GOVERNING BODY OF THE
YAVAPAII-APACHE NATION

A Resolution Approving Amendments to the COVID-19 Emergency Rental Assistance Program Policy
in Connection with the Nation’s Response to the COVID-19 Pandemic

WHEREAS: The Yavapai-Apache Tribal Council (“Council”) is authorized to represent the Yavapai-Apache Nation (“Nation”) and act on all matters that concern the health and welfare of the Nation, and to make decisions not inconsistent with or contrary to the Constitution of the Yavapai-Apache Nation (“Constitution) as provided under Article V (a) of the Constitution; and

WHEREAS: The Council is authorized to accept grants and donations from any person, organization, state, or the United States as provided under Article V(s) of the Constitution; and

WHEREAS: The Council is authorized to manage all tribal economic affairs and to appropriate and regulate the use of the Nation’s funds as provided under Article V (i) and (k), respectively, of the Constitution; and

WHEREAS: The Council, as the legislative body of the Nation, is authorized to enact laws, ordinances, and resolutions incidental to the exercise of its legislative powers as provided under Article V(v) of the Constitution; and

WHEREAS: On March 19, 2020, the Council adopted Council Resolution No. 60-20 declaring a State of Emergency due to the COVID-19 public health emergency; and

WHEREAS: Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No.116-260 (Dec. 27, 2020) (the “Act”) establishes the Emergency Rental Assistance Program and allocates $800 million to Tribal governments to be used to provide financial assistance, in the form of rental and utility assistance, and housing stability services to eligible applicants; and

WHEREAS: The Act establishes eligibility criteria and allowable uses of the assistance, which are supplemented by guidance from the U.S. Department of the Treasury; and

WHEREAS: On January 12, 2021, the Council adopted Resolution No. 07-21 authorizing the Nation to accept funds made available under the Act to provide rental and utility assistance in connection with the Nation’s response to the COVID-19 pandemic and identifying the Nation’s Department of Social Services to administer the funds; and

WHEREAS: On February 18, 2021, the Council adopted Resolution No. 27-21 approving the COVID-19 Emergency Rental Assistance Program Policy; and

WHEREAS: The Director of the Department of Social Services recommends approval of amendments to the COVID-19 Emergency Rental Assistance Program Policy (attached to this Resolution as Exhibit A and incorporated herein by reference), to reflect updated Treasury guidance on the allowable uses of the assistance and documentation requirements to verify eligibility for assistance; and

WHEREAS: The Council deems it to be in the best interest of the Nation to approve the amendments to the COVID-19 Emergency Rental Assistance Program Policy, under which the Department of Social Services will continue to provide assistance in connection with the Nation’s response to the COVID-19 pandemic.

Page 1 of 2
Approving Amendments to the COVID-19 Emergency Rental Assistance Program Policy
Version #1 (10-21-21)
NOW THEREFORE BE IT RESOLVED that the Yavapai-Apache Tribal Council, in Council assembled, at which a quorum is present, hereby approves the amendments to the COVID-19 Emergency Rental Assistance Program Policy (attached to this Resolution as Exhibit A) under which the Department of Social Services will continue to provide assistance in connection with the Nation’s response to the COVID-19 pandemic consistent with Section 501 of Division N of the Consolidated Appropriations Act as supplemented by guidance from the U.S. Department of the Treasury.

BE IT FINALLY RESOLVED that the Chairman and Vice-Chairwoman, or either of them, are hereby authorized to take such further action as deemed necessary to carry out the purposes and intent of this Resolution.

CERTIFICATION

I hereby certify that the foregoing resolution was adopted by an affirmative vote of the Tribal Council, with a quorum in attendance, presented for approval on October 21, 2021, by a vote of 8 in favor, 0 opposed and 0 abstaining, pursuant to the authority contained under the Constitution of the Yavapai-Apache Nation as cited above.

[Signature]
Jon Huéy, Chairman

ATTEST:

[Signature]
Karla Reimer, Council Secretary

Approved as to Form:

[Signature]
Office of the Attorney General
EXHIBIT A

Amendments to the COVID-19 Emergency Rental Assistance Program Policy
YAVAPAI-APACHE NATION

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM POLICY

DEPARTMENT OF SOCIAL SERVICES

Approved on February 18, 2021 by Resolution No. 27-21, as amended on October 21, 2021 by Resolution No. 207-21.
Section I. Introduction

The purpose of the Yavapai-Apache Nation COVID-19 Emergency Rental Assistance Program ("Program") is to assist Tribal Member renter households on and off the Yavapai-Apache Nation Reservation that are unable to pay rent and utilities due to the COVID-19 pandemic. The Program is funded with federal funding pursuant to Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) ("Act"), as amended. The Program is administered by the Department of Social Services ("DSS") in accordance with this Policy, as supplemented by the rules and guidance of the U.S. Department of Treasury.

Payments for rental, utility, and other housing expenses assistance under this Program are not regarded as income and shall not be regarded as a resource for purposes of determining eligibility for federal benefits, as stated in Section 501(j) of the Act.

Section II. Definitions

1. **Annual income** means the income for a calendar year, as defined by 24 CFR §5.609.
2. **Area median income** means the median income for the area in which the household is located, as determined by the U.S. Department of Housing and Urban Development ("HUD").
3. **Head of household** means the Tribal Member, or the member of the household of a Tribal member, who rents a residential dwelling as shown on a lease or rental agreement.
4. **Household** means all persons using the dwelling as their primary place of residence.
5. **Household income** means either the household’s annual income for calendar year 2020 or the household’s monthly income at the time of application. For household income determined using the latter method, income eligibility must be redetermined every three (3) months.
6. **Monthly income** means the gross income for a given month; and for purposes of this Policy, is determined based on average monthly income for the two months prior to the submission of the application for assistance.
7. **Tribal Member** means an enrolled member of the Yavapai-Apache Nation.

Section III. Eligibility

A. A household is eligible for assistance if it is a renter household (including a “rent-to-own” household) and meets the following criteria:
   1. One or more household members has:
      a. qualified for unemployment, or
      b. experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic, which the applicant must attest in writing; and
   2. One or more household members can demonstrate a risk of experiencing homelessness or household instability, which may include –
a. rental arrears as evidenced by a delinquency or eviction notice, or
b. past due utility bills; or
c. unsafe or unhealthy living conditions, or
d. other evidence of such risk; and
3. The household has a household income that is not more than 80% of the area median income.

B. Priorities – the following households are prioritized for assistance:
   1. Households under 50% of the area median income; and
   2. Households that include a household member who has been unemployed for the 90-day period preceding the application for assistance.

Section IV. Available Assistance

A. Rental Assistance
   1. No more than twelve (12) months total of rental assistance may be provided, with prospective rent payments limited to three (3) months per application. Notwithstanding the above, an additional three (3) months of rental assistance may be provided if necessary to ensure housing stability for a household. An applicant may reapply for rental assistance as long as the total rental assistance does not exceed fifteen (15) months.
   2. Assistance must be provided to reduce a household’s rental arrears before the household may receive assistance for prospective rent payments.
   3. The amount of the assistance is based on the monthly rental amount indicated on the lease or rental agreement, or the amount indicated on the delinquency or eviction notice, subject to the restrictions listed below.

B. Utility Assistance
   1. No more than twelve (12) months total of utility assistance may be provided. Notwithstanding the above, an additional three (3) months of utility assistance may be provided if necessary to ensure housing stability for a household. An applicant may reapply for utility assistance as long as the total utility assistance does not exceed fifteen (15) months.
   2. The amount of the assistance is based on the amount indicated on the utility bill, subject to the restrictions listed below.
   3. Utilities include electricity, gas, water and sewer, trash removal and energy costs such as fuel oil. Utilities that are covered by the landlord within rent are treated as rent.

C. Other Housing Expenses Assistance

   Assistance may be provided for the following other expenses related to housing incurred due, directly or indirectly, to the COVID-19 pandemic:
1. Relocation expenses, such as rental security deposits, application fees or screening fees.
2. Reasonable accrued late fees (if not included in rental or utility arrears).
3. Internet service provided to a rental unit, so long as the household provides documentation or self-attestation that the service is for the purpose of engaging in distance learning, telework, and telemedicine or for obtaining government services. Payments can be used for payment of arrears subject to the restrictions below, for installation, and for up to three (3) months prospective monthly payments.
4. Payment to a hotel/motel if the household is staying at a hotel/motel as a means of avoiding homelessness while in the process of relocating to a residence, provided that: (1) the household has been temporarily or permanently displaced from its primary residence or does not have a permanent residence; (2) the total hotel/motel stay does not exceed ninety (90) days, unless specific circumstances warrant additional time as determined by DSS; and (3) documentation of the hotel or motel stay is provided. Expenses incidental to the charge for the room are not included.

D. Restrictions
1. Assistance may only be provided for arrears that have accrued since March 13, 2020, the date of the federal emergency declaration.
2. The assistance must not be applied to costs that have been or will be reimbursed under any other assistance provided to the household.
3. Assistance is available through September 30, 2022, or until the funding is depleted, whichever occurs first.

Section V. Application Process

A. The applicant must be the head of household or a landlord on behalf of the head of household. If the applicant is the landlord on behalf of the head of household, the following requirements apply:
1. The landlord must obtain the signature of the head of household on the application (which may be electronic).
2. The landlord must provide documentation of the application to the head of household.
3. Any payment received by landlord must be used to satisfy the household’s rental obligations.

B. Prior to receiving any assistance, applicants must complete an application and provide the following documents:
1. Copy of Tribal Enrollment Card;
2. Copy of entire lease or rental agreement confirming applicant is head of household and monthly rental amount;
3. 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;

4. Documentation verifying risk of experiencing homelessness or household 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;

5. 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);

6. 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;

7. Original and complete internet bill or documentation of other housing expenses (if applicant is requesting other housing expenses assistance)

8. Any other documents to support the information in the application; and

9. W-9 from the landlord, utility company, and/or provider of other housing expenses.

C. Payment

1. If the application is approved, DSS will pay the landlord, the utility company, or the provider of other housing expenses directly. DSS must provide documentation of payment to the head of household.

2. If the landlord, the utility company, or the provider of other housing expenses refuses to accept direct payment from DSS after reasonable efforts to obtain their cooperation, assistance may be paid directly to the head of household. The head of household must use the assistance to satisfy the household’s rental, utility, or other housing expenses obligations. Efforts by DSS to obtain the cooperation of landlords, utility providers, and providers of other housing expenses must be documented.
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.

10-21-21 Version
YAVAPAI-APACHE NATION

APPLICATION FOR COVID-19
EMERGENCY RENTAL ASSISTANCE PROGRAM

Applying For:  □ Rental Assistance  □ Utility Assistance  □ Other Housing Expenses Assistance

Applicant Information:

<table>
<thead>
<tr>
<th>HEAD OF HOUSEHOLD (Last, First, Middle)</th>
<th>ENROLLMENT NUMBER (of Head of Household or member of Household)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS</td>
<td>P.O. BOX/Street</td>
</tr>
<tr>
<td>PHYSICAL ADDRESS</td>
<td>Street</td>
</tr>
<tr>
<td>HOME TELEPHONE</td>
<td>WORK TELEPHONE</td>
</tr>
<tr>
<td></td>
<td>CELLULAR OR MESSAGE NUMBER</td>
</tr>
<tr>
<td></td>
<td>EMAIL ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Head of Household</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source of Income (include name of employer where applicable)</th>
<th>Amount (before deductions)</th>
<th>Payment Basis (weekly, monthly, etc.)</th>
<th>If unemployed, length of unemployment</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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

10-21-21 Version
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

<table>
<thead>
<tr>
<th>APPLICANT'S SIGNATURE</th>
<th>SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINTED NAME</td>
<td>PRINTED NAME</td>
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<tr>
<td>ADDRESS</td>
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<td>TELEPHONE NUMBER</td>
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<td>DATE</td>
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</tbody>
</table>
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 __________

10-21-21 Version