# The Hopi Tribe

## Emergency Rental Assistance Program Application

### APPLICANT INFORMATION

Name: _____ Date: _____

Tribal Affiliation: _____ Enrollment/Census No: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone #:_____ Message Phone #:_____

Email Address: _____

### GENERAL INFORMATION

Are you an enrolled member of the Hopi Tribe? ☐Yes ☐No

Are you an enrolled member of another Federally Recognized Tribe? ☐Yes ☐No

If so which Tribe: _____

Are/were you **renting** the home/apartment in which you are currently living or have lived? ☐Yes ☐No

Have you or any other member of your household previously applied for Emergency Rental Assistance through any other Tribe, State, or any other source? ☐Yes ☐No

If yes, what timeframe and what kind of assistance?

_____

### FAMILY COMPOSITION

Please list all household members. If you need additional space, please attach additional page.

| Last/First Name | Relationship | Date of Birth | Social Security # (last 4 digits) | Tribal Affiliation | Enrollment/ Census No. |
|---|---|---|---|---|---|
| | Self | | | | |
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### Financial Information

Proof of income is required for all Household members, if applicable. Preferred documentation is the 2020 IRS 1040 form, any earned income (wages, check stubs which must be for at least three (3) months prior to submission of application), interest, unemployment compensation, Pensions, Retirement, Social Security Benefits, Tribal TANF, Workers Compensation, Self-Employment, etc.

| Name of household member receiving income | Type of Income (Employment, TANF, Social Security, Unemployment, etc.) | Gross Amount | How often received (Monthly, weekly, biweekly, etc.) |
|---|---|---|---|
| | | | |
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### Financial Hardship

Have one or more individuals in your household experienced any of the following financial hardship due directly to the COVID-19 pandemic? (Check all that apply)

☐ A reduction in Household income.

☐ Loss of Employment/Temporary Layoff/Furlough

☐ Reduction in pay/hours

☐ Delinquent/Eviction Notice

☐ Unable to work or experiencing financial hardship due to no child care/school ☐
Underlying medical condition requiring staying home to prevent COVID-19 exposure ☐
Loss of self-employment/business income due to COVID-19.

☐ Increased Healthcare costs, including care at home for individuals with COVID-19.

☐ Other, please list what significant costs or other financial hardship incurred:

_____

_____

Please attach supporting documentation for each hardship checked above (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/letter showing notification of unemployment/reduction in hours, etc.)

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**HOUSING INSTABILITY**

Do one or more individuals in your household face a risk or is experiencing housing instability or homelessness, which may include (Check all that apply):

☐ A past due utility or rent notice, or eviction notice.
☐ Unsafe or unhealthy living conditions
☐ Any other evidence of such risk

☐ If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice, or eviction notice, add any other evidence of risk). ☐ If you checked any of the boxes above, please describe the details of your housing instability:

_____

_____

**ADDITIONAL REQUIREMENTS**

- All family members who are 18 years and older must sign a Release of Information form allowing verification of any or all information required to participate in the Hopi Emergency Rental Assistance (ERA) Program.
- For each additional month that applicant seeks Financial Assistance under the Hopi Emergency Rental Assistance (ERA) Program, submission of information and documentation for the rent and utility costs for that month and prospective months for which assistance is requested will be required.

***APPLICANT ACKNOWLEDGEMENT***

*I understand and acknowledge that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual or monthly income/financial hardship, contact information, unemployment benefit qualification, and risk of homelessness or housing instability.*

*By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand any false or misleading statements/information, or failure to notify the Hopi ERA Program of any changes related to my household's eligibility, may be grounds for denial of the application. If assistance has already been granted from another Emergency Rental Assistance program (tribal, state, city, or county), the Hopi Tribe may seek to recapture any funds awarded and/or pursue other legal action/remedies it determines is warranted.*

_____ _____

Applicant Signature Date

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**RENTAL INFORMATION:**

Name of rental place: _____

Address: _____

Amount of rental payment: _____ Unpaid Rent Amount: _____

Lease Expiration date: _____ In danger of Eviction: [ ] Yes [ ] No

**LANDLORD INFORMATION:**

Landlord Name: _____ Telephone Number: _____

Mailing Address: _____

County: _____ email: _____

**UTILITY ARREARS:**

APS arrears: _____ Gas arrears: _____ Water arrears: _____

Must submit the full bill showing arrears due.

***We do not accept bills for car payments, insurance, internet, cable, hospital or child care.***