

**\*FOR OFFICIAL USE\***

Date Submitted: \_\_\_\_\_  
Time Submitted: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Application #: \_\_\_\_\_

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
HOUSING DEPT.  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM  
APPLICATION

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ SSN: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

1. Are you or is a member of your household a member of an Indian tribe?  Yes  No
  - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Do you rent the home in which you are living?  Yes  No

**Household Member Information:**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

**Income Verification**

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ \_\_\_\_\_

- a. Applicant must submit sufficient confirmation of the household’s monthly income at the time of application for at least the two months prior to the submission of this application.

**Financial hardship**

1. Do you or any individual in your household qualify for unemployment benefits?  Yes  No
  - a. If yes, attached supporting documentation demonstrating each individual’s qualification for unemployment benefits.
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
  - A reduction in household Income
  - Loss of Employment/Temporary Layoff/or Furlough
  - Reduction in hours/pay.
  - Unable to work or experiencing financial hardship due to no child care/school.
  - Underlying medical condition requiring staying home to prevent exposure.
  - Loss of self-employment/business income
  - Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
  - Disabled and enduring increased costs because of the COVID-19 pandemic
  - Incurred significant costs (hospital bills, medication costs, etc)
  - Other financial hardship; list: \_\_\_\_\_
  - a. If you checked any of the boxes above, attach supporting documentation for each hardship. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

**Housing Instability**

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, 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
  - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, or documentation of any other evidence of risk.)
  - b. If you checked any of the boxes above, please describe the details of your housing instability:
 

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\_\_\_\_\_  
\_\_\_\_\_

**Additional Requirements**

1. Applicants must sign a release of information form allowing the LTBB Housing Dept. to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance.

**Applicant Acknowledgements**

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify LTBB Housing Dept. of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds for civil or criminal prosecution if the LTBB Housing Dept. determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:**  
I, \_\_\_\_\_, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

**Application Received by LTBB Housing Dept.:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

<b>OFFICIAL USE ONLY</b>	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

## **COVID-19 Emergency Rental Assistance Program Application Checklist**

Please review your application to make sure that it contains the following information:

### **For all Applicants:**

- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Income Verification for each member 18 or older
  - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)  
or
  - Monthly received in the last 60 days (2 months)

### **Submit the following documentation if applicable:**

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of lease or rental agreement showing required rental payments or deposits
- Copy of utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability