FOR OFFICIAL USE	
Date Submitted:	
Time Submitted:	
Received by:	
Application #:	

SOKAOGON CHIPPEWA HOUSING AUTHORITY COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Financial Assistance Form

Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program.

Applicant Information				
Applicant Name: Date:				
Date of Birth:	Tribal Enrollment No.:	SSN:		
Physical Address:	City:	State:		
Zip: Phon	e:			
Mailing Address:	City:	State:		
Zip: Email:				
 Do you currently rent the home in which you are living? ☐ Yes ☐ No a. If yes, attach and submit your current rental lease. 				
Current Landlord Name:				
Contact Phone:	Email:			
2. What is the total amount of	of rent that you pay each month? \$			
Financial Assistance				

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

"Financial Assistance" means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

"Rent" is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

"Utility Costs" means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).

A. Rent Arrears and Utility Costs Arrears¹

Rent Arrears and Utility Costs Arrears:

Arrears includes: interest charges and penalties

accrued from the date on which the first missed payment after March 13, 2020 was due.

Only includes Rent Arrears and Utility Costs

Arrears incurred on or after March 13, 2020.

Do you have any Rent Arrears or Utility Costs Arrears?

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)

	nt Arrears (<i>Rent paym</i> tal amount in Arrears		s):	Arrears does not include: interest charges or penalties accrued for Rent Arrears or Utility Cost Arrears incurred before March 13, 2020.
Lai	ndlord Name:		_ Phone Nu	mber:
Ma	ailing Address:			City:
Sta	ate: Zip	: I	Email:	
	Type of Utility:		Amoun	rrs): Total amount in Arrears \$: \$ Phone Number:
				 City:
	State:	Zip:		
2.	Type of Utility: Utility Provider:			:\$ Phone Number:
	Billing Address:			City:
	State:	Zip:		
3.	Type of Utility:		Amoun	:\$
	Utility Provider:		F	Phone Number:
	Billing Address:			City:
	State:	Zip:		
4.	Type of Utility:			
	Utility Provider:		F	Phone Number:
	Billing Address:			City:
	State:	Zip:		
5.	Type of Utility:		Amoun	:\$
	Utility Provider:		F	Phone Number:

¹ Arrears Payments: If any Applicant has any Rent Arrears or Utility Costs Arrears, Sokaogon Chippewa Housing Authority will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

Billing Address:	City:	
State:	Zip:	
В.	Current Rent and Current Utility Cost	s
req	e to pay your Current Rent or Current l uired Deposit to obtain rental housing (check all that apply) low, attach supporting documentation for	?
Utility Costs payment (rental lease, documents showing rent or u	itility costs due, etc.)
Current Rent Payment due yet in arrears):	e (Rent payment for the current month the	at is due and owing but not
Amount Due: \$		
Date Due:		
Landlord Name:	Phone Number:	
Mailing Address:		City:
State:	Zip: Email:	
arrears): 1. Type of Utility:	ents due (Utility Costs that are currently Amount \$ Phone Number:	Due Date
	City:	
State:		
2. Type of Utility:	Amount \$ Phone Number:	
Billing Address:	City: _	
State:	Zip:	
	Amount \$ Phone Number:	
Billing Address:	City: _	
State:	Zip:	
	Amount \$ Phone Number:	
Billing Address:	City: _	
State:	Zip:	
	Amount \$ Phone Number:	
Billing Address:	Citv:	

C. Prospective Rent and Prospective Utility Costs

Do you expect to be unable to pay your Prospective Rent or Prospective Utility Costs payments? (check all that apply)

If you check any of the boxes below, attach supporting documentation for each prospective payment (rental lease, documents showing rent or utility costs due, etc.)

Date Due:			
Landlord Name:		Phone Number:	
Mailing Address:			City:
State:	Zip:	Email:	
•	-		•
Utility Provider:		Phone Number: _	
Billing Address:		City:	
State:	Zip:		
Type of Utility:		Amount \$	Due Date
Billing Address:		City:	
State:	Zip:		
Type of Utility:		Amount \$	Due Date
Billing Address:		City:	
State:	Zip:		
Type of Utility:		Amount \$	Due Date
Billing Address:		City:	
State:	Zip:		
Type of Utility:		Amount \$	Due Date
		Phone Number: _	
Utility Provider:		Phone Number: _ City:	
	Date Due: Landlord Name: Mailing Address: State: spective Utility Cost: Type of Utility: Utility Provider: Billing Address: State: Type of Utility: Utility Provider: Billing Address: State: Type of Utility: Utility Provider: Billing Address: State:	State: Zip: Spective Utility Costs Payments Type of Utility: Utility Provider: Billing Address: State: Zip: Type of Utility: Utility Provider: Billing Address: State: Zip: Type of Utility: Utility Provider: Billing Address: State: Zip: Type of Utility: Utility Provider: Billing Address: State: Zip: Type of Utility: Utility Provider: Billing Address: State: Zip:	Date Due: Phone Number: Phone Number: Mailing Address: Zip: Email: Spective Utility Costs Payments due (Utility Costs payments ex Type of Utility: Amount \$

	rrent Deposit Pay ndition of obtaining		oosit payment for rental i):	housing that is due an	d owing as a
	Amount Due:	\$	_		
	Date Due:				
	Landlord Name	::	Phone Numbe	r:	_
	Mailing Addres	s:		City:	
	State:	Zip:	Email:		
		D.	Other Housing Expense	<u> </u>	
incurre	ed due, directly or i the Secretary ou check any of the	indirectly, to the of Treasury. Ma to boxes below, a	nny other Housing Expe novel coronavirus diseas intenance costs are <u>not</u> i (check all that apply) ttach supporting docume	se (COVID-19) outbrea included in this definiti entation for each hous	k, as defined by ion.) ing expenses
П	payment aue (bi	<i>5, ,</i>	ments due, documents sh :	lowing interest accrue	α, εις.)
	Amount Due:				
	Date Due:		_		
			Phone Number:		
			Email:		
		_ Payment due:	:		
	Amount Due:	\$	_		
	Date Due:				
	Provider:		Phone Number:		
	Billing Address:			City:	
	State:	Zip:	Email:		
		_ Payment due:	:		
	Amount Due:	\$	_		
	Date Due:				
	Provider:		Phone Number:		
	Billing Address:			City:	
	State:	Zip:	Email:		

Applicant Acknowledgements s Form, you are certifying that you

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:		
is true and correct. I understand that statements or information, or if I fail t household's eligibility, will be grounded.	that all of the foregoing information and attached documentation to providing any false statements, false information, any misleading to notify Sokaogon Chippewa Housing Authority of changes to my s for denial of the application or, if assistance has already been ed, and may be grounds civil or criminal prosecution if Sokaogon es it is appropriate to do so.	
Applicant Signature	DATE	
l,	dwelling submits this Form on behalf of the Applicant: , the Applicant's landlord/residential dwelling owner, understand cation to the Applicant after completing and submitting it.	
LANDLORD SIGNATURE	DATE	
Form Received by Sokaogon Chippewa	a Housing Authority:	
STAFF MEMBER SIGNATURE	DATE	
Approved: ☐ Yes ☐ No Denial Communicated:	OFFICIAL USE ONLY Reason: Staff Signature:	

COVID-19 Emergency Rental Assistance Program Form Checklist

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

For all Applicants:

Current rental lease

Submit the following documentation if applicable:

Documents showing Rent Arrears and interest/penalties accrued or eviction notice

Documents showing Utility Costs Arrears and interest/penalties accrued

☐ Documents showing other expenses related to COVID-19 for which payments are due

☐ Utility bills showing Current Utility Costs due