



511 East Colorado  
Post Office Box 1330  
ANADARKO, OKLAHOMA 73005

## EMERGENCY RENTAL ASSISTANCE PROGRAM (E.R.A.P) F.Y. 2021

**ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED PER HOUSEHOLD**

### Supporting Documents Needed:

**Must be an Apache Tribe of Oklahoma Member**

**Must be a renter to apply for Assistance.**

**Must live in the United States.**

\_\_\_\_\_ Copies of C.D.I.B. for all household members

(If a member(s) are Non-Native, must have copies of Valid State ID and if Child(ren) are not enrolled must have a copy of Birth Certificates)

\_\_\_\_\_ Social Security Numbers for all household members

\_\_\_\_\_ Last 30 days Proof of Income for all household members over the age 18 (Must have Paycheck stubs)

**(Weekly pay: four check stubs, Bi-Weekly pay: two check stubs, Monthly pay: one check stubs, or Self-Employment must submit a copy of Form 1040 as filed with I.R.S. for the income year 2020.)**

\_\_\_\_\_ No Income Verification for all household members over the age of 18

(ONLY for those that live in the same household that do not have a job.)

\_\_\_\_\_ Lease Agreement / Rental Agreement **(if applying for any E.R.A.P. assistance must turn in Lease/ Rental Agreement)**

\_\_\_\_\_ W-9 from Landlord

\_\_\_\_\_ Copy of Primary Household Bill(s):(natural gas, propane, utility, electricity, water, sewer, trash services. Must be one or two of the primary household bills.)

\_\_\_\_\_ W-9 for Primary Household Bill(s)

\_\_\_\_\_ Completed Application (Incomplete Applications Will Not Be Accepted)

### Please Note:

- Payments will be based on your bill if it does not exceed the program cap's limit.
- E.R.A.P. will send payment to the Landlord / Vendor.
- This program operates on the Federal Guidelines set for E.R.A.P.
- Must have Completed Application with Supporting Documents to be considered for E.R.A.P.
- If you have received Assistance from another E.R.A.P. funding program, you are ineligible under this program.
- E.R.A.P. will not accept any Bank Statements as Proof of Income.



## EMERGENCY RENTAL ASSISTANCE PROGRAM (E.R.A.P.) F.Y. 2021

Proof of all statements made on this application must be provided before any consideration of eligibility.

Head of Household Name: \_\_\_\_\_

Single	Married	Separated	Divorced	Widowed	Living together but not Married
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Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**PLEASE WRITE MAILING ADDRESS IF DIFFERENT FROM PHYSICAL ADDRESS**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**List All Household Members: Including Yourself (Print Clearly)**

SEX	NAME	AGE	DOB	CDIB	SSN	Disability

**ADDITIONAL HOUSEHOLD MEMBERS LISTED ON THE BACK OF THIS PAGE.**

**List all Household Income for the Last 30 Days:**

NAME	GROSS INCOME AMOUNT	SOURCE	WEEKLY	BI-WEEKLY	MONTHLY

**If you have no income, please fill out the Verification of No Income any member of the household that is 18 years old or older that is without a job.**

Questions (Please answer)

Questions are related to the COVID-19 outbreak directly or indirectly.

- |  |           |            |
|--|-----------|------------|
| 1. <u>Receiving unemployment because of COVID-19 Pandemic</u>                        | <u>NO</u> | <u>YES</u> |
| 2. <u>Experiencing a Reduction in Household Income, because of COVID-19 outbreak</u> | <u>NO</u> | <u>YES</u> |
| 3. <u>Incurred significant costs because of COVID-19 outbreak</u>                    | <u>NO</u> | <u>YES</u> |
| 4. <u>Experiencing a financial hardship Due to COVID-19,</u>                         | <u>NO</u> | <u>YES</u> |
| 5. <u>Risk of experiencing homelessness or housing instability,</u>                  | <u>NO</u> | <u>YES</u> |
| 6. <u>The household has an income at or below 80% of area median income</u>          | <u>NO</u> | <u>YES</u> |

United States M.F.I. for F.Y. 2020		
BASED ON 80% of F.Y. 2020 U.S MEDIAN INCOME ESTIMATES		
Household Size	Monthly	Yearly 2020
<b>1</b>	3,663.33	\$43,960.00
<b>2</b>	4,186.67	\$50,240.00
<b>3</b>	4,710.00	\$56,520.00
<b>4</b>	5,233.33	\$62,800.00
<b>5</b>	5,652.00	\$67,824.00
<b>6</b>	6,070.67	\$72,848.00
<b>7</b>	6,489.33	\$77,872.00
<b>8</b>	6,908.00	\$82,896.00

Applicable Home Status:

Rent:            NO            YES (If yes, please circle one of the Assistance that applies to you.)

Applying for Utility Assistance: NO YES (If yes, please fill out Utility Assistance part.)

Applying for Rent Assistance: NO YES (If yes, please fill out Rent Assistance and pages 7 -8)

Applying for Both: NO YES (If yes, please fill out the whole application and have supportive documents.)

Do you own your home? NO YES (If yes, please stop filling out the application, Assistance is for Renters only.)

Do you have a mortgage? NO YES (If yes, please stop filling out the application, Assistance is for Renters only.)

**If yes, on rent assistance or both, please fill out the information, and the Landlord must fill out pages 7-8.**

LANDLORDS NAME: \_\_\_\_\_

LANDLORDS PHONE #: \_\_\_\_\_ Amount of Rent a Month: \_\_\_\_\_

ADDRESS OF RENTAL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Applying for Utility Assistance: (natural gas, propane, utility, electricity, water, sewer, trash services.)

#1

Type of Utility: \_\_\_\_\_

Utility Provider: \_\_\_\_\_

Account: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#2

Type of Utility: \_\_\_\_\_

Utility Provider: \_\_\_\_\_

Account: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Due Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Copy of Utility Bill must be attached to complete the application.**

Please understand **the Emergency Rental Assistance Program has a cap for each household approved for the program.**

**If the rent payment goes over the program cap, then the household must pay the remaining balance. If the applicant applies for rent and utility assistance, the applicant must have all documents need for Assistance. Again, it is your responsibility to pay the remaining balance for your rent and utilities if you are over the program cap.**

Please Read and Sign:

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.

I hereby certify that all of the foregoing information and attached documentation are true and correct by my signature below. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify the Apache Tribe of Oklahoma E.R.A. Program 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 maybe grounds civil or criminal prosecution if Apache Tribe of Oklahoma determine it is appropriate to do so.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
DATE

If you have any questions or concerns, please contact the Emergency Response Program.

**Phone #:** 405-247-9493 ext. 119, 105 or 116

**Ways to turn in the Application:**

**Fax #:** 405-480-2921

**Email:** [atoemergrespprogram@gmail.com](mailto:atoemergrespprogram@gmail.com)

**Mail:**

Apache Tribe of Oklahoma

E.R.A.P

P.O. Box 1330

Anadarko OK 73005



## Emergency Rental Assistance Program (E.R.A. Program)

### **Denials:**

I understand that the Apache Tribe of Oklahoma E.R.A. Program may choose to deny my application based on:

- Discovery of fraudulent information
- Income exceeds guidelines
- Another funding source has received services from the emergency rental assistance program.
- Lack of documents
- Funding has been exhausted

Should this occur, I understand that I may be denied E.R.A. Program assistance for the current Year. If I, the applicant, am unsatisfied with the E.R.A. Program's decision on my application, I have the right to a fair hearing. If I, the applicant, choose to request a fair hearing, I must submit the request in writing to the program director within (5) working business days after receiving a denial letter. Failure to do so shall constitute acceptance of denial. Should I, the applicant, file a request within the prescribed period, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with the Tribal Administrator.

### **Untimely Processing:**

Applicants who feel their applications have not been acted upon in a timely manner may request a fair hearing. Should I, the applicant, file a request for a fair hearing based on my untimely processing perception, the director has (2) working business days to respond to the request. If I, the applicant, am not satisfied with the director's response, a hearing will be scheduled with the Tribal Administrator. If the applicant does not request a fair hearing, then the applicant accepts the decision. All correspondence will be documented in the applicant's file to ensure that responses are handled in a timely manner via phone and letter.

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Applicant Signature

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Date

# LANDLORD'S INFORMATION SHEET

Please have the Landlord fill it out completely.

Please print clearly.

**LANDLORD'S NAME:**

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**LANDLORD'S ADDRESS / CITY / STATE / ZIP CODE**

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**LANDLORD'S EMAIL ADDRESS:**

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**LANDLORD'S PHONE /FAX NUMBERS:**

---

**ADDRESS OF RENTAL:**

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**ANY RENTAL ARREARS FROM MARCH 13,2020 TO PRESENT:**

**TOTAL AMOUNT:** \_\_\_\_\_

**Monthly Rent Amount:** \_\_\_\_\_

Make sure the amount is correct.

**Please make a copy for the application:**

- **Past due Rent Notice or Eviction Notice.**
- **Lease/Rental Agreement.**
- **Landlord, please fill out the W-9 on page 8.**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Notes:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>												
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<b>OR</b>												
<b>Employer identification number</b>												
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.





## EMERGENCY RENTAL ASSISTANCE PROGRAM VERIFICATION OF NO INCOME

DATE: \_\_\_\_\_

**Please Check One:**

Applicant

Household Member Over the Age of 18 years old

**Personal Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ SEX: \_\_\_\_\_

Phone #: \_\_\_\_\_

❖ I certify that I currently DO NOT have any income in the past 30 days: \_\_\_\_\_ (Initials)

❖ I have no income since: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please provide details of the person(s) providing support/knows your situation.**

❖ I certify that the person above does not have any income in the past 30 days: \_\_\_\_\_ (Initials)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Signature of Name: \_\_\_\_\_