

**SANTA CLARA PUEBLO HOUSING AUTHORITY  
EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION**

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

Primary Applicant Only:

Race :  American Indian/Alaskan Indian  Black/African American  Asian  Native Hawaiian  
 White  Pacific Islander \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

List yourself and all household members:

Name	D.O.B	Tribal Affiliation	M/F	Social Security No.	Monthly Income

Total Household Monthly Income: \$ \_\_\_\_\_ Total Household Annual Income: \$ \_\_\_\_\_

Please attach income documentation (such as monthly wage statements, monthly interest statements, monthly unemployment compensation statements, SSI, or copy of IRS Form 1040 filed for the household in 2020 with the Internal Revenue Service)

1. The financial assistance for which the household wishes to obtain is the payment of:

- Rent
- Rental arrears (Amount: \$ \_\_\_\_\_, from \_\_\_\_\_ (date) to \_\_\_\_\_ (date))
- Utilities and home energy costs
- Utilities and home energy costs arrears (Amount: \$ \_\_\_\_\_, from \_\_\_\_\_ (date) to \_\_\_\_\_ (date))
- Other expenses related to housing incurred due, directly or indirectly, to the COVID-19 pandemic (list and explain<sup>1</sup>)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Include expenses such as relocation expenses, rental fees due to displacement, reasonable accrued late fees, internet services for distance learning, telework, telemedicine, obtaining government or other necessary services, and similar necessary services.

2. A household must be determined to be eligible to receive emergency rental assistance. An “eligible household” is defined as a **Renter household** which meets each of the following three criteria:
- One or more individuals within the household has:
    - Qualified for unemployment benefits; or
    - Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

If either box is checked, please explain (and attach supportive documentation such as paperwork showing individual(s) have qualified for unemployment benefits): \_\_\_\_\_

\_\_\_\_\_

- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing stability:  
Yes  No

If “Yes,” please explain (and attach supportive documentation such as past due utility or rent notice or eviction notice): \_\_\_\_\_

\_\_\_\_\_

- Income eligible (eligibility determination based on documentation provided in support of this application).

3. Has the household received any other federally funded rental assistance?  
Yes  No

5. Is one or more individuals within the household unemployed as of the date of this application, or have any such individuals been unemployed for the 90-day period immediately preceding the date of this application?  
Yes  No

By signing this application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my application.

Additional attestations are attached to this application.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
Does the household have a household income that is not more than 80 percent of the area median income?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the household have a household income that is not more than 50 percent of the area median income?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
The household is: eligible <input type="checkbox"/> ineligible <input type="checkbox"/>		
_____	APPROVED: _____	_____
INTAKE OFFICER	DATE	EXECUTIVE DIRECTOR