



EMERGENCY RENTAL ASSISTANCE PROGRAM

The Emergency Rental Assistance Program (ERAP) assists eligible Seminole Nation tribal households and other tribal households that are unable to pay rent and utilities (electric, water, gas, propane, sewer, trash removal) due to the COVID-19 pandemic. ERAP can assist eligible households with rental arrearages, utility arrearages, current rental payments and current utility payments. Telecommunication services (telephone, cable, Internet) delivered to the rental dwelling **ARE NOT** considered to be utilities. This program is only available to rental households and does not apply to households with a mortgage or who currently own their home. This program is limited to one tribal member per household. **Payments will be made directly to the landlord or utility company.**

PROGRAM REQUIREMENTS

- 1 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 outbreak.
- 1 or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.
- Household income is at or below 80% of area median income.

REQUIRED DOCUMENTS

- Completed Application
- Copy** of Tribal Membership Card for Head of Household or Spouse (if applicable)
- Copy** of State Driver's License or ID
- Copy** of Social Security Card (all household members)
- Landlord/Utility Form
 - Tax Identification Number required
- Utility Bills (**copy**)
 - Bill **must** be in tribal member or spouse's name
 - Account number **must** be on bill
- Copy** of Lease
- Income Verification (please **submit one** of the following for all household members receiving income):
 - 2020 Tax Returns
 - 60 Days Check Stubs
 - Proof of Unemployment (90 days unemployment will receive priority)

CONTACT INFORMATION

Applications may be submitted via:

- Email – erap@hasnok.org (preferred method)
- Mail – P.O. Box 1493, Wewoka, OK 74884
- Fax – (405)257-3961

If you have any questions, please contact the Housing Authority at (405)257-6604.

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Housing Authority of the Seminole Nation

NAME: _____ Spouse/Other: _____
First, MI, Last First, MI, Last

Social Security Number: _____ Date of Birth: _____

Mailing Address

City, State, Zip

Physical Address (if different)

City, State, Zip

COUNTY

Current Phone

EMAIL ADDRESS: _____

What is the primary applicant's race? Caucasian Black or African American Native American Other
(please list) _____

What is the primary applicant's ethnicity? _____

Do you currently rent or own your residence? Rent Own

ASSISTANCE NEEDED (select all that apply)

- Rent Security Deposit (new move in)
 Utilities Utility Deposit (new account)
- Utility Type _____ Account Number: _____
 Utility Type _____ Account Number: _____
 Utility Type _____ Account Number: _____
 Utility Type _____ Account Number: _____
 Utility Type _____ Account Number: _____

HOUSEHOLD COMPOSITION

Complete the information below for each member who will be living with you.

Name	SSN	Sex	Birthdate	Relationship
1.				
2.				
3.				
4.				
5.				
6.				

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Seminole Nation of Oklahoma, can provide documentation in support of my attestation of need. I also understand that if any of the above information supplied is found to be false, I can be required to return any support payments received.
- I have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am **NOT** receiving any other form of Federal assistance to pay my rent or utility payment.
- I am obligated to pay rent and utilities on a residential dwelling that I do not own or have a mortgage interest in.

PLEASE NOTE: *Once you have been approved/denied for assistance, you will receive a letter in the mail. Please also be aware that you are still required to make payments to the Landlord/Utility Company.*

You are responsible for any unpaid balances.

Payments may take up to 30 days to credit your account.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

UTILITY FORM

Utility Information is required only if applicant is requesting assistance for utilities. If applicant is requesting assistance for more than one utility provider, this form will be required for each utility which assistance is being requested.

APPLICANT INFORMATION

(MUST BE COMPLETED BY APPLICANT)

Name _____ Address _____

Email: _____

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

LANDLORD INFORMATION

Landlord Information is required only if applicant is requesting assistance for Security Deposit. Form is to be used for applicant who is moving into an apartment and needs assistance with Security Deposit and/or Utility Deposits.

SECURITY/RENT/UTILITY DEPOSIT

(MUST BE COMPLETED)

Name: _____ Address: _____

Phone: _____

Email: _____

Do you have a Lease for the unit? YES NO (If yes, please provide)

Name of Apartment and/or Landlord: _____

Address of Apartment/House: _____

Amount of Security Deposit: \$ _____ Amount of Monthly Rent: \$ _____

Are the Utilities included with the Rent? YES NO

Amount of Monthly Utility Charges (included): \$ _____ Which Utility: _____

Utility Company & Deposit Amount:

Utility Name: _____ Deposit \$: _____ Acct #: _____

Utility Name: _____ Deposit \$: _____ Acct #: _____

Utility Name: _____ Deposit \$: _____ Acct. #: _____

Do you have overdue balance due to unpaid rent charges? _____ Total Amount: _____

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED)

Utility Provider Name _____

Accountholder's Name _____

Account Number _____

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED)

Utility Provider Name _____

Accountholder's Name _____

Account Number _____

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED)

Utility Provider Name _____

Accountholder's Name _____

Account Number _____

Utility Type: Electric Water Gas/Propane Sewer Trash

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED)

Utility Provider Name _____

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(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED)

Utility Provider Name _____

Accountholder's Name _____

Account Number _____

Utility Type: Electric Water Gas/Propane Sewer Trash

Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of the Seminole Nation of Oklahoma any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

Information Covered: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, included but are not limited to:

- *Identity and Marital Status *Employment, Income, Assets *Residences and Rental Activity
- *Credit and Criminal Activity *Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Groups or Individuals That May Be Asked: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- *Previous Landlords (Including Public Housing Agencies) *Past, or Present Employers *Veterans Administration
- *Courts and Post Offices *Welfare Agencies *Retirement Systems *State unemployment Agencies
- *Banks and other Financial Institutions *Schools and Colleges *Social Security Administration
- *Credit providers and Credit Bureaus *Law Enforcement Agencies *Medical and Child Care Providers
- *Utility Companies *Support and Alimony Providers

Computer Matching Notice and Consent: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my applications or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and the State welfare and food stamp agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	<u>Signatures</u>	<u>Printed/Typed Name</u>	<u>Date</u>
Head of Household:	_____	_____	_____
Spouse:	_____	_____	_____
Adult Member:	_____	_____	_____
Adult Member:	_____	_____	_____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.



Housing Authority of the Seminole Nation

P. O. BOX 1493 • Wewoka, OK 74884 • 101 S. Hitchite

"Building self-sufficiency through quality housing services"

EMERGENCY RENTAL ASSISTANCE PROGRAM

COVID FORM

The Emergency Rental Assistance Program (ERAP) assists eligible Seminole Nation tribal households and other tribal households that are unable to pay rent and utilities (electric, water, gas, propane, sewer, trash removal) due to the COVID-19 pandemic. ERAP can assist eligible households with rental arrearages, utility arrearages, current rental payments and current utility payments. Telecommunication services (telephone, cable, Internet) delivered to the rental dwelling **ARE NOT** considered to be utilities. This program is only available to rental households and does not apply to households with a mortgage or who currently own their home. **This program is limited to one tribal member per household. Payments will be made directly to the landlord or utility company.**

- | | | |
|---|-----|----|
| 1. Have you had a loss of income due to COVID-19? | YES | NO |
| 2. Have you been unemployed for 90 days or longer? | YES | NO |
| 3. Do you currently have an overdue Rent Bill? | YES | NO |
| 4. Do you currently have any overdue Utility Bills? | YES | NO |

I, _____ hereby certify that the above information is true and correct and, if requested by Housing Authority of the Seminole Nation, I can provide documentation in support of this information.

Name : _____
Head of Household

Signature: _____

Date: _____



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Emergency Rental Assistance Program

Form Must be Completed by Landlord

****Form Must be Notarized, NO Exceptions****

Applicant:	
Address:	
Current Rent Amount:	
Amount of Past Due Balance: (If Applicable)	
Amount of Security Deposit:	

Landlord Name:	
Landlord Address:	
Landlord Phone Number:	
Landlord Email:	

Check Payable To:	
Address (if different):	

By signing below, I hereby certify the above listed tenant is behind due to the COVID-19 Public Health Emergency and is at risk of eviction if these charges are not satisfied. I also certify that the tenant's overdue balance relates to charges obtained no earlier than **March 13, 2020**, the date of the emergency declaration pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5191(b).

I understand that if approved, the landlord will receive a check in approximately 30 days.

Landlord Signature

Date

***Federal law governing fraud; "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, device a material fact, or makes any false, fictitious or fraudulent statement or representations or makes or uses any false writing or document, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."*

Subscribed and Sworn to before me on (date): _____

Notary Public: _____

My Commission Expires: _____

Notary Commission Number: _____



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"Building self-sufficiency through quality housing services"

Zero Income Certification

(Fill out IF you have NO income)

I hereby certify that I receive NO income (no money) at this time from any source, including, but not limited to:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, disability, or death benefits
- Unemployment or disability payments
- Public Assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in the unit.
- Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees, and books.
- Self-employment

I will be using the following sources (ex. family) **to help pay** for rent, groceries, and other necessities:

I understand that, as long as my household claims zero income for determining rental/utility assistance, I must sign Zero Income Certification every ninety (90) days. Furthermore, I agree to notify Housing Authority of the Seminole Nation immediately, if there is any change in my income.

Head of Household:

Printed Name

Signature

Date

Spouse or Co-Head:

Printed Name

Signature

Date

FOR THE LANDLORD TO FILL OUT

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see Instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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 on page 3.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.