



**CHEMEHUEVI DEPARTMENT OF HOUSING  
ARP PROGRAM  
APPLICATION CHECKLIST**

**Applicants Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	<b>Household Documentation (Check to verify that you have included these documents)</b>
	Current Picture Identification
	CIT Proof of Enrollment
	Social Security Card(s) All household members
	Income Verification for 2 previous months or Page 1 and 2 of 2020 or 2021 federal income tax return (Form 1040) for each household member
	Proof of COVID-19 Economic Impact* (If applicable)
	APR Application and Release of Information form
	<b>Rental Assistance (Check to verify that you have included these documents)</b>
	Household income is at or below 80 percent of the area median
	Lease Agreement (Valid, Current, Full agreement)
	Landlord/Property Manager Name
	Landlord/Property Manager Phone Number
	Landlord/Property Manager Email
	Eviction Notice* (If applicable)
	<b>Utility Assistance (Check to verify that you have included these documents)</b>
	Household income is at or below 80 percent of the area median
	Rent Share Agreement* (If applicable) (Utility check/rent voucher)
	Current Power Bill*(If applicable)
	Current Propane Bill*(If applicable)
	Current Water Bill*(If funds are available)

	Appliances
	Freezer 7.0 cubic feet
	Washer
	Dryer
	Household income is at or below 80 percent of the area median
	Generator
	62+
	Conveyed or sub-division (applicant must live in the property to qualify for a generator).
	Renovation or Upgrades
	62+ or proof of disability (applicant must live in the property to qualify for a renovation or upgrade).

**PROOF OF COVID-19 ECONOMIC IMPACT**

- A copy of family member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or
- A copy of family member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present);
- A copy of family member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The request for verification of income or reduction of hours and/or pay form may be used; **and**
- A copy of family member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for unemployment insurance benefits; or
- A notarized affidavit signed that includes the name of the family member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 1, 2020 to present)
- Other appropriate documentation acceptable to the CDH.