



**KIOWA TRIBE HOUSING AUTHORITY**  
 1701 E. Central Blvd  
 Anadarko, Oklahoma 73005  
 Main: (405)339-8100 Fax: (405)339-8101



## KTHA EMERGENCY RENTAL ASSISTANCE

### KTHA ERAP

Dear Applicant,

Please complete the application in its entirety. Do not leave any empty boxes: if any question(s) do not apply to you simply write in "N/A" for "not applicable". The Kiowa Tribe Housing Authority **Will Not Accept any incomplete applications.** Please allow 30 days to process application.

#### KTHA ERAP Rental Assistance

- \* Completed KTHA ERAP Application
- \* Unemployment Verification
- \* Letter on company letterhead from Employer showing reduction in hours or reduction in salary due to COVID-19.
- \* Completed W-9 from Landlord
- \* Copy of Lease Agreement
- \* Eviction Notice or Notice or Notice to Quit
- \* CDIB

#### KTHA ERAP Utility Assistance

- \* Completed KTHA ERAP APPLICATION
- \* Unemployment Verification
- \* Letter on company letterhead from Employer showing reduction in hours or reduction in salary due to COVID-19.
- \* Completed W-9 from Utility Company
- \* Copy of Original Utility Bills
- \* Cut off Notice
- \* CDIB

FOR OFFICE USE:

Date Completed Application submitted: _____							
Time Submitted: _____							
Received by: _____							
CA <input type="checkbox"/>	EL/UN <input type="checkbox"/>	W9 <input type="checkbox"/>	LA <input type="checkbox"/>	UB <input type="checkbox"/>	NI <input type="checkbox"/>	EV <input type="checkbox"/>	CO <input type="checkbox"/>



**INCOME VERIFICATION:**

Household Member	Hourly Wages	Social Security	Pensions	Lease & Royalties IIM	Child Support	Unemployment	Total Annual
<b>TOTAL 2020 ANNUAL INCOME</b>							<b>\$</b>

**Please Note:** Any household member 18 years or older claiming no income must complete the KTHA No Income Verification form – form is the last page of this application. This form must be submitted with the KTHA ERAP application before application is considered complete.

**KTHA ERAP APPLICANT INCOME CANNOT EXCEED 80% OF HUD’S FAMILY MEDIAN INCOME AS PER CHART BELOW, UNLESS AREA INCOME IS MORE ADVANTAGEOUS TO APPLICANT.**

United States M.F.I for F.Y. 2020 BASED ON 80% OF F.Y. 2020 US MEDIAN INCOME								
	1 Person	2 Person	3 Person	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>80%</b>	<b>\$ 43,960</b>	<b>\$ 50,240</b>	<b>\$ 56,520</b>	<b>\$ 62,800</b>	<b>\$ 67,824</b>	<b>\$ 72,848</b>	<b>\$ 77,872</b>	<b>\$ 82,896</b>
<b>100%</b>	<b>\$ 54,950</b>	<b>\$ 62,800</b>	<b>\$ 70,650</b>	<b>\$ 78,500</b>	<b>\$ 84,780</b>	<b>\$ 91,060</b>	<b>\$ 97,340</b>	<b>\$ 103,620</b>

**Annual Income \$** \_\_\_\_\_

Please attach and submit wage statement, interest statement, IIM transaction report and/or letter showing not a landowner, unemployment compensation statement, or a copy of form 1040 as filed with the IRS for household 2020.

**Monthly Income \$** \_\_\_\_\_

Please attach household’s monthly income at the time of application for at least three months prior to submission of this application.

**FINANCIAL HARDSHIP:**

1. Do you or any individual in your household qualify for unemployment benefits?  Yes  No
  - a. If yes, please attach supporting documentation.
  
2. Have one or more individuals in your household experienced any financial hardship due directly or indirectly to the COVID-19 pandemic? (Check all that apply and supply ALL supporting documentation.)
  - Reduction in Income
  
  - Loss of Employment/Temporary Layoff/or Furlough
  
  - Reduction in hours/pay
  
  - Unable to work experiencing financial hardship due to no child care/school
  
  - Underlying medical condition requiring staying home to prevent exposure
  
  - Loss of self-income/business income
  
  - Disabled and enduring increased costs because of COVID-19 pandemic
  
  - Incurred significant cost (hospital bills, medication costs, etc.)
  
  - Other financial hardship; list: \_\_\_\_\_

**HOUSING INSTABILITY:**

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (Check all that apply and supply ALL supporting documentation)
  - A past due utility or rent notice to quit or eviction notice
  
  - Unsafe or unhealthy living conditions
  
  - Any other evidence of such risk

2. Please describe the details of your housing instability:

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**VENDOR INFORMATION: (LANDLORD AND/OR UTILITIES)**

**Landlord Information:**

Individual Name and/or Property Name as listed on W9: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Monthly Rent Amount: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_

Eviction Notice Received? Please circle one: Yes or No

Notice to Quit Received? Please circle one: Yes or No

**Utility Information:**

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

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly Bill Amount: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_ Cutoff Notice:  Yes  No

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

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly Bill Amount: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_ Cutoff Notice: :  Yes  No

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

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly Bill Amount: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_ Cutoff Notice:  Yes  No

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

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly Bill Amount: \_\_\_\_\_ Past Due Amount: \_\_\_\_\_ Cutoff Notice:  Yes  No

**CONFLICT OF INTEREST DISCLOSURE**

The Kiowa Tribe Housing Authority takes seriously any actual or potential conflicts of interest. As we wish to avoid even the appearance of a conflict, we ask all applicants to disclose any immediate family members, or other significant persons, which could potentially cause a conflict of interest. For this purpose, immediate family member includes, but is not limited to, spouse, children, parents and siblings.

Please list any relationship here (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attestation: The undersigned individual(s) hereby attest(s) that he/she is a participant in one or more of the Kiowa Tribe Housing Authority programs and that he/she is independent of and has no conflict of interest with any persons not listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**I declare, under penalties of perjury, the following is true:**

1. My household has lost significant income due to COVID-19 and is now unable to pay rent and/or utilities for my residence.
2. My household’s estimated gross income for the current month is \$\_\_\_\_\_.
3. My household’s monthly rent is/will be \$\_\_\_\_\_.
4. My estimated utility cost for the month is \$\_\_\_\_\_.
5. My household does not have sufficient savings or liquid assets to pay the rent and/or utilities.
6. My household has an income at or below 80% of area median income.

Has anyone in your household applied for COVID-19 Rental Assistance or COVID-19 Utility Assistance through any other Federal, State or Tribal program? Yes\_\_\_\_\_ No\_\_\_\_\_

With my signature, I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Kiowa Tribe Housing Authority to investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit will subject me to criminal penalties and civil remedies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**CERTIFICATION:** On the basis of the determination set forth above, the applicant family named herein has been Found to be: Eligible:\_\_\_\_\_ Ineligible:\_\_\_\_\_ Reason:\_\_\_\_\_  
Family Size\_\_\_\_\_ Family Income\_\_\_\_\_ Income limit\_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

KTHA Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

**2021 KTHA EMERGENCY RENTAL ASSISTANCE APPLICATION  
STATEMENT OF UNEMPLOYMENT/NO INCOME VERIFICATION**

I \_\_\_\_\_ do hereby declare that I am un-employed and/or  
(Print name)  
I do not receive any income as of \_\_\_\_\_.  
(Date)

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

Phone: \_\_\_\_\_.

Relationship to applicant: \_\_\_\_\_

I understand that I must provide the Kiowa Tribe Housing Authority with this signed statement for eligibility and/or continued eligibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE TO PARTICIPANT/APPLICANT: This statement must be notarized for Authenticity.

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_