



Caddo Nation Division of Housing
 21 Halfmoon Circle
 Gracemont, OK 73042
 P-(405)480-2100 F-(405)656-0961

CNDH COVID-19 Emergency Housing Assistance

Date	
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1) APPLICANT INFORMATION

Applicant's Name		Middle Name	
Last Name		Caddo Enrollment #	
Phone		Alt. Phone	
Email			
Rental Address			Unit #
City	State	Zip Code	
Mailing Address <i>(If Different)</i>			
City	State	Zip Code	

2) HOUSEHOLD MEMBERS

Name	DOB	Tribal Affiliation

3) ASSISTANCE

Please provide the following information for the assistance you wish to apply for and provide all vendor information.

CNDH COVID-19 Rental/Mortgage Assistance
<ul style="list-style-type: none"> *Completed CNDH COVID-19 Application *Identification *Letter on company letterhead from Employer showing reduction in hours or reduction in salary due to COVID-19 or zero income affidavit *Completed W-9 from Landlord *Copy of Lease Agreement <p>If relocating, please provide all the above plus the following:</p> <ul style="list-style-type: none"> -Promise to Rent Letter from New Landlord and all the requirements to retain new rental property

CNDH COVID-19 Utility Assistance
<ul style="list-style-type: none"> *Completed CNDH COVID-19 Application *Identification *Letter on company letterhead from Employer showing reduction in hours or reduction in salary due to COVID-19 or zero income affidavit *Copy of Original Bill for Month applying *Past due must show date after March 18, 2020 *Completed W-9 from Utility Company

4) VENDOR INFORMATION

Name				Phone	
Address					
City		State		Zip Code	
Name				Phone	
Address					
City		State		Zip Code	

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 residence is not subsidized through federal or state resources and my household is responsible for the full payment of the rent and utilities.

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
If yes, please explain.		

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 Caddo Nation Division of Housing 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.

_____ **Print Name** _____ **Signature** _____ **Date**

CERTIFICATION	
On the basis of the determination set forth above, the applicant family named herein has been found to be	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
Verified by: _____	
CNDH Director: _____	

