

UPDATED: 3/11/2021

Dear Emergency Rental Assistance Applicant:

This temporary Emergency Rental Assistance Program operates under Treasury Funding in response to the COVID-19 pandemic. Eligible applicants meet the following criteria

1. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
2. Demonstrates a risk of experiencing homelessness or housing instability; and
3. Has a household income at or below 80 percent of the **area median**.

For eligible applicants, the Caddo Nation Housing Board has implemented a cap of \$2,500 in rental assistance available to Caddo Tribe membership nationwide. Rental and utility arrears must be reduced before any prospective rental benefits can be provided. The CNDH is not required to provide assistance to both rent and utility or energy costs for every application. This decision will be based on availability of funds and degree of housing instability.

Preference will be given to households at or below 50 percent of the area median or those who have been unemployed for 90 days prior to the application for assistance and Caddo Tribal members.

Landlords are also eligible to apply on behalf of their tenant. The tenant must be considered an eligible applicant. Additionally, the landlord must have the tenant signature and provide a copy of the application to their tenant.

Please read and complete each section of the attached application. Incomplete applications will not be processed. Completed applications are **required** to contain the following attachments (Check off Boxes):

- Complete, signed COVID-19 Emergency Rental Assistance Application.
- Copy of Caddo Nation Enrollment or CDIB for all household members.
- Copy of photo identification (all adults in household) and Social Security card for each household member.
- Copies of current utility bills (notice of past due or notice of eviction)
- Copy of current lease
- Pink slip or other declaration showing reduction in income due to COVID
- Statement showing proof of income for the past 60 days for each adult in the household
- W-9 for any vendor
- Document housing instability

You may email, mail, or deliver the completed. The Caddo Nation Division of Housing is located at 21 Halfmoon Circle, Gracemont, OK. The office is open Monday—Friday from 8:00 am to 4:30 pm, excluding Caddo Nation holidays. Our mailing address is P.O. Box 167, Gracemont, OK 73042. For question call 405-480-2100 or email at emergencyhousing@mycaddonation.com.

Sincerely,

Amie Stockton
Housing Director



Caddo Nation of Oklahoma

HOUSING DEPARTMENT

P.O. Box 167 | Gracemont, OK 73042 | Phone: 405-480.2100 |

CNDH COVID-19 Emergency Rental Assistance

Date	
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Check the box that applies.	<input type="checkbox"/> Landlord filing for tenant <input type="checkbox"/> Applicant filing for self
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1) Applicant Information

Applicant's Name		Middle					
Last Name		Tribe		Enrollment #			
Phone		Alt. Phone					
Email							
Rental Address		Unit #					
City		State		Zip Code		County	
Mailing Address (If Different)							
City		State		Zip Code		County	

2) Household Members

Name	DOB	Tribal Affiliation

3) Vendor Information

Name		Phone Number					
Address		City					
State		Zip Code		Amount Requested			



Caddo Nation of Oklahoma

HOUSING DEPARTMENT

P.O. Box 167 | Gracemont, OK 73042 | Phone: 405-480.2100 |

Name			Phone Number		
Address			City		
State		Zip Code		Amount Requested	

Name			Phone Number		
Address			City		
State		Zip Code		Amount Requested	

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. _____(Initial)
2. I am **not** receiving Emergency Rental Assistance through any other State, City, or Tribal Program. _____(Initial)
3. My household does not have sufficient savings or liquid assets to pay the rent and/or utilities. _____(Initial)
4. My household faces a risk of experiencing homelessness or housing instability. _____(Initial)

Describe how your household faces a risk of instability or homelessness

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.

Applicant Signature Date

Landlord Signature Date (If applicable)

Office Use Only

Application Completion Date:

The above applicant has been found to be:

- Eligible
- Ineligible

Verified by: _____

Date:

Application Approval Date: