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| **APPLICANT INFORMATION** |

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| **Last Name** | **First Name** | **M.I.** | **Date (MM/DD/YYYY)** |
|  |  |  |  |
| **Street Address** | **City, State and Zip Code** | **County** |
|  |  |  |
| **DOB** | **Gender** | **Race** | **Tribal Affiliation (if applicable)** | **Tribal ID (if applicable)** |
|  |  |  |  |  |
| **Telephone Number** | **Email Address** | **If Mailing Address is different, please list** |
|  |  |  |
| **Social Security Number** | **Is this your first time applying with PNHA ERAP?** | **What date did you last apply with PNHA ERAP?** |
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**SPOUSE or DOMESTIC/LIFE PARTNER (if applicable)**

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| **Last Name** | **First Name** | **M.I.** | **Social Security Number** |
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| **DOB** | **Gender** | **Race** | **Tribal Affiliation (if applicable)** | **Tribal ID (if applicable)** |
|  |  |  |  |  |
| **Telephone Number** | **Email Address** | **If Mailing Address is different, please list** |
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| **Is this your first time applying with PNHA ERAP?** | **What date did you last apply with PNHA ERAP?** | **Have you applied for services elsewhere? List where** |
|  |  |  |
| **HOUSEHOLD MEMBERS (Applicant must include self)** |
| **Last, First, M.I.** | **Relationship** | **DOB** | **SSN** | **Student** | **Grade** | **Pregnant** | **Employed** | **Veteran** | **Disabled** | **Retired** |
| **John Doe** | **Self** | **01/01/1911** | **123-45-6789** | **Yes** | **Col Sr.** | **No** | **Yes** | **Yes** | **Yes** | **No** |
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| **ASSISTANCE INFORMATION** |
| **LAST, FIRST, MI** | **STREET ADDRESS ONLY** | **DATE** |
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Who has tested positive for the COVID-19 virus in your household? Self Household Member

Self: What was date for the positive test? Household Member: What was date for the positive test?

Is anyone in your household still under a doctor’s care for COVID? Yes No Who? ­

Are you or anyone in your household, who is still under a doctor’s care for COVID, on now/or was on FMLA? Yes No

If so, who? Self Household Member Is this Unpaid FMLA? Yes No

When did FMLA begin? When (or has) FMLA Ended?

Which services are you applying for? Rent Utilities Both

Are you claiming Pawnee Preference? Yes No

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| **ASSISTANCE INFORMATION** |
| **LAST, FIRST, MI** | **STREET ADDRESS ONLY** | **DATE** |
|  |  |  |

Has your household received assistances from another organization or from any tribal program? Yes No

If so, what is the name of the organization or tribal program?

What is the address and phone number of this organization?

Please explain the services your household received and the date:

Has anyone in your household been furloughed, have decreased hours, wage loss, or lost your job due to COVID? \_\_\_\_\_Yes \_\_\_\_\_No

Who does this apply to in your household? Self Household Member

 Self: Furloughed Decreased Work Hours Wage/Salary Loss Terminated

What date did this begin? What date did this end (If applicable)?

Household Member: Furloughed Decreased Work Hours Wage/Salary Loss Terminated

What date did this begin? What date did this end (If applicable)?

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| **HOUSEHOLD INCOME (All household members \*18 years or older)** |

**INCOME CODES**

Please use the following codes for this “HOUSEHOLD INCOME” section only:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages** | **Social Security** | **Retirement/Pension** | **Welfare** | **Other** |
| HW = Hourly wages | SS = SS Retirement | VP = Veterans Pension  | TANF = TANF | CS = Child Support |
| SW = Salary Wages | SD = SS Disability | RP = Retirement Pension  | GA = General Assistance | UE = Unemployment Benefits |
| FW = Federal Wages | SI = SSI | IRA =IRA |  | CL = Contract Labor |
| MP = Military Pay | SB = Survivor Benefits | FK = 401 K |  | PC = Tribal Per Capita Payment |
| OB = Own Business |  |  |  | HR= Osage Head Right |
|  |  |  |  | ST = Short Term Medical  |
|  |  |  |  | LT = Long Term Medical |
|  |  |  |  | EG= Higher Education Grants |
|  |  |  |  | EG= Higher Education Grants |
|  |  |  |  | ES = Higher Education Scholarships |
|  |  |  |  | WS= Higher Education Work Study Program |
|  |  |  |  | WT= Workman’s Comp – TTD |
|  |  |  |  | WP= Workman’s Comp – PTD |

Pay Scale: Weekly, Bi-Weekly, Semi Monthly, Monthly, Semi Annually, Annually, Per Job

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| **HOUSEHOLD INCOME (All household members \*18 years or older)** |
| **Household Member** | **Source of Income** | **How Often Received** | **When Did Income Begin** | **Total Monthly Gross Amount** |
| **EXAMPLE:** **JOHN DOE, SR** | **SS** | **Monthly** | **August, 1999 OR****08/1999** | **$1795.00** |
|  | **PC** | **Semi Annually** | **September, 1979 OR****09/1979** | **$600.00 Annually** |
| **CECILIA DOE** | **FW** | **Semi Monthly** | **June, 1992 OR****06/1992** | **$2,400** |
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**\*\*DO NOT INCLUDE INCOME FOR HOUSEHOLD MEMBERS WHO ARE BELOW THE AGE OF 18 YEARS\*\***

**ANYONE CLAIMING ZERO INCOME, “DECLARATION OF ZERO INCOME QUESTIONNAIRE AND CERTIFICATION STATEMENT” MUST BE COMPLETED AND SIGNED AND ATTACHED WITH THIS APPLICATION. IF NOT, APPLICATION IS CONSIDERED “INCOMPLETE”.**

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| **HOUSEHOLD INCOME (All household members \*18 years or older)** |
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| **Household Member** | **Source of Income** | **How Often Received** | **When Did Income Begin** | **Monthly Amount** |
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**Applicants Rights and Responsibilities**

Completed applications will be processed within fourteen (14) business days and a notice of acceptance or denial will be conveyed. The approval notice will include benefit amount, benefit breakdown, along with vendor information. If the application is denied, you will receive notification stating the reason and information detailing the appeals process. There are ten (10) days from date of denial, to appeal the decision.

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 or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, 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 5 years or both.”

The completed application and all details contained herein are a protected record under the Pawnee Nation Housing Authority of Oklahoma, in compliance with Housing and Urban Development Privacy Act and Freedom of Information Act.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Pawnee Nation Housing Authority of Oklahoma Emergency Rental and Utility Program to wit: Voucher Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes arising out of exercise of such a benefit and privilege shall vest in the Pawnee County Trial Court, Pawnee, OK. The undersigned further stipulates to be bound by all Pawnee Nation Housing Authority of Oklahoma rules, codes, regulations, policies, and procedures governing such benefits, privileges, and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Pawnee County Trial Court, Pawnee, OK, over any such matters, disputes actions or decisions of the Pawnee Nation Housing Authority of Oklahoma.

I have read and understand the above statements and I authorize the Pawnee Nation Housing Authority of Oklahoma Emergency Rental and Utility Program to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Pawnee Nation Housing Authority Emergency Rental and Utility Program of any changes in the information provided on this application, and that all information provided is true and correct and best of knowledge, under penalty of law.

**I also attest that my household has not received, and does not anticipate receiving, another source of public or private assistance for the rental and/or utility costs I am applying for here today, for fear of one service overlapping the assistance of another.**

Signature - Applicant Date

Signature – Adult Household Member Date

Signature – Adult Household Member Date

Signature – Adult Household Member Date

Signature – Adult Household Member Date

On this day of , 20\_\_\_ the applicant listed above communicated with me and identified themselves. I restated the details submitted by them on this application and asked them to swear or affirm that all the details contained herein are true and correct. They agreed in the affirmative.

Given under my hand the day and year last above written.

PAWNEE NATION HOUSING AUTHORITY

EMERGENCY RENTAL AND UTILITY PROGRAM OFFICIAL

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| **PNHA ERAP OFFICE USE ONLY** |
| Application Completed Date: | Application Approved Date: |
| Application Processed by: | Application Approved by: |
| COVID Test Included: | Confirmed by: |