



# Pawnee Nation Housing Authority

## Emergency Rental Assistance Program (ERAP)

PO Box 487, Pawnee, OK 74068 \* renters@pawneenationhousing.org \* 918-924-7374

Dear Emergency Rental Assistance Applicant:

This temporary Emergency Rental Assistance Program operates under the U.S. Department of the Treasury funding to respond to the COVID-19 pandemic. For eligible applicants who have faced a reduction in household income due to the pandemic, this program will provide assistance for applicants who need help with rent and utility payments. The amount of assistance is based on current available funding levels and payment is not guaranteed until the application has been processed and approved. Please allow up to fourteen (14) business days for processing.

Eligible applicants:

- Renter who is eighteen (18) years of age or older;
- Has combined total household income that does not exceed eighty percent (80%) of U. S. median income limits as published by the U.S. Department of Housing and Urban Development; and
- Who have not received COVID-19 assistance from any other state or federal agency.

Assistance is payable to rental properties and utility services only and all payments will be made out to vendors. No payment will be made to an individual.

If application is mailed, faxed or emailed, an ERA Program employee will call the applicant to verify details and attest to them on the last page of this application that all information is true and accurate.

CHECKLIST:

- Completed and Signed application
- Two forms of identification. (State ID, CDIB or Tribal Membership Card (if claiming Indian preference), Social Security card, etc.)
- Must have at least one form of identification for children under that age of 18.
- Copy of current lease, landlord agreement or rental statement form and/or current or past due utility bill.
- Statement of the Financial impact COVID-19 has had on your household (Including proof of unemployment benefits, reduction in income and/or statement of impact and financial hardship)

Please read and complete each section of the application. Incomplete applications WILL NOT be accepted.

## Emergency Rental Assistance Program Application Stability Services

### Applicant Information

Last Name:	First Name:	MI:	Application Date:
Physical Street Address:	City:	State:	Zip Code:
Mailing Address: (Street or PO Box)	City:	State:	Zip Code:
Email Address:			Membership Number:
Social Security Number:		Is this your first time applying to the ERAP?	If no, what is the last date of application?

### Household Data (applicant must be included)

Last, First Name	DOB	Social Security Number	Relationship to Applicant	Gender	Race	CDIB Yes/No	Tribal Membership #
1			SELF				
2							
3							
4							
5							
6							
7							
8							

### Assistance Information

What type of Assistance are you applying for?     Homeless     Eviction     Relocation

Have you received services anywhere else?     Yes     No    If Yes, where? \_\_\_\_\_

What is the address and/or telephone number of where you received assistance? \_\_\_\_\_

What type of service did you receive? \_\_\_\_\_ When did you receive the service? \_\_\_\_\_

Has your household suffered drastically or been negatively impacted by COVID-19? \_\_\_\_ Yes \_\_\_\_ No

Did you lose your place of residency because of the COVID-19 Pandemic? \_\_\_\_ Yes \_\_\_\_ No

Do you and your family currently have a safe place to stay for now? \_\_\_\_ Yes \_\_\_\_ No

Where are you and your family currently staying? \_\_\_\_ Friend/Family \_\_\_\_ Homeless Shelter \_\_\_\_ Car/Other

Have you or someone in your household tested positive for COVID-19? \_\_\_\_ Yes \_\_\_\_ No

Are you currently looking for, or have you located a new place of residence for you and your family?

\_\_\_\_ Yes \_\_\_\_ No Address of new location: \_\_\_\_\_

Expected move-in date: (please provide a rental agreement) \_\_\_\_\_

Utility Provider information (phone number and/or address) \_\_\_\_\_

If you have answered YES to any question above, please fill out the next section to explain how COVID-19 has reduced your income and/or affected you by increasing your household costs due to the pandemic. Positive test results will be required.

## Self-Certification of Reduction of Income

Explanation of how COVID has affected your income and/or household costs.

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## Household Income

Do not include income for household members who are below the age of 18 years. Anyone claiming zero income will need to fill out the "Declaration of Zero Income Statement".

Household Member Name:	Source of Income:	Monthly Amount Received:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Monthly Income Received:		\$

## Applicant Rights and Responsibilities

Completed applications will be processed within fourteen (14) business days. The approval notice will include benefit amount and vendor information. Non-Pawnee Nation Native Americans and Non-Native applications will be processed when all members of the Pawnee Nation of Oklahoma have been served.

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 sues 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 imprisonment not more than five (5) years or both."

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Applicant Signature

\_\_\_\_\_  
Date

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

Applicant has agreed in the affirmative.

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

\_\_\_\_\_  
Signature: PNHA ERA Program Official

\* Information, including any personal identifiable information, is solely collected and used for submitting reports as detailed under reporting requirements.

OFFICE USE ONLY	
Client ID #:	Amount Approved:
Application Completion Date:	Application Approved Date:
Application Processed By:	Application Approved By: