



**TURTLE MOUNTAIN HOUSING AUTHORITY, T.D.H.E.**  
**A TRIBALLY DESIGNATED HOUSING ENTITY**

P.O. BOX 620 ATTN ERAP Belcourt, North Dakota ND 58316 Email: erap@tmhousing.net  
 TELEPHONE: 701-244-0521 or 701-244-0770 ADMINISTRATION OFFICE FAX: 701-244-5367

**COVID-19 Emergency Rental Assistance Program**  
**Application Checklist**

Please review your application to make sure that it contains the following information:

**For all Applicants:**

- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Income Verification for each member 18 or older
- Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)

Or

- Monthly Income received in the last 60 days (2 months)

**Submit the following documentation if applicable:**

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of lease or rental agreement showing required rental payments or deposits
- Copy of utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability

For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance. Each household has the possibility to receive 12 months of assistance. **An approved household must recertify every 3 months.**

***Rolette County area median income limit:***

# of Household Members	1	2	3	4	5	6	7	8
Maximum Income Limit	48,100	54,950	61,800	68,650	74,150	79,650	85,150	90,650

***The county you reside in will determine your area median income limits.***



**Income Verification**

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ \_\_\_\_\_ (Take Home 2020)
  - a. Applicant must attach or submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ \_\_\_\_\_

Applicant must submit sufficient confirmation of the household's monthly income at the time of application for at least the two months prior to the submission of this application

**Financial hardship**

1. Do you or any individual in your household qualify for unemployment benefits?  Yes  No
  - a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.

Have one or more individuals in your household experienced any of the following financial hardship due, directly, or indirectly, to the COVID-19 pandemic? (Check all that apply)

- A reduction in household Income
- Loss of Employment/Temporary Layoff/or Furlough
- Reduction in hours/pay.
- Unable to work or experiencing financial hardship due to no childcare/school.
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc.)
- Other financial hardship list: \_\_\_\_\_

- b. If you checked any of the boxes above, attach supporting documentation for each hardship. (E.g., copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

**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):

- A past due utility, rent notice or eviction notice
- Unsafe or unhealthy living conditions
- Any other evidence of such risk
- Overcrowded, more than 2 people to a bedroom

- a. If you checked any of the boxes above, attach supporting documentation demonstrating each type of housing instability (e.g., past due utility, rent notice, eviction notice, etc.)
- b. If you checked any of the boxes above, please describe the details of your housing instability:

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**Additional Information**

\_\_\_\_\_  
Name of your Landlord and phone number along with your account number

\_\_\_\_\_  
Name of your Utility Provider and phone number along with your account number

OFFICIAL USE ONLY

**Form Received by Turtle Mountain Housing Authority:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE/TIME SUBMITTED

Approved:  Yes  No      Reason: \_\_\_\_\_  
Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

**TURTLE MOUNTAIN HOUSING AUTHORITY  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

**Applicant Certification of Economic Hardship**

*In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.*

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 pandemic.

I agree to notify the Turtle Mountain Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:**

I \_\_\_\_\_ the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

**TURTLE MOUNTAIN HOUSING AUTHORITY  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/we, the undersigned, with this, authorize the Turtle Mountain Housing Authority and their agents to obtain any information, necessary, to process the Emergency Rental Assistance Program (ERAP) application. This information may be obtained from the following sources, and of the Programs of the Turtle Mountain Housing Authority, Federal, State, and Local governments and any of their agencies and representatives, Law Enforcement Agencies, Financial Institutions, and current and prior landlords. This is not all inclusive and may include any additional agency, government, or private source, as deemed necessary by the Turtle Mountain Housing Authority and/or their agents.

I/we, the undersigned, with this, release the Turtle Mountain Housing Authority and/or their agents any requested information from the following agencies: Federal, State, And Local governments Law Enforcement Agencies, Financial Institutions, and current or prior landlords.

The information request may be given by fax, telephone, or in writing. This release is valid for fifteen (15) months from the date of the applicant's signature. This release is valid if photocopied and does not have to have an original signature.

**I/we have read the terms and conditions of the AUTHORIZATION FOR THE RELEASE OF INFORMATION and with this, give consent for the release of any requested information.**

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APPLICANT SIGNATURE

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DATE

Written Attestation Regarding Duplication of Assistance

I, \_\_\_\_\_, hereby certify:  
that I have not received any other assistance, including tribal, federal, state, and local assistance (which also includes but is not limited to assistance from churches or non-profit organizations) for these costs.

Or

I, \_\_\_\_\_ have received some assistance for these costs as follows:

Amounts Received	Received From	Used for
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand and agree that I am only eligible to receive assistance for the portion of rent or utilities or other eligible costs that have not been subsidized.

By signing and dating below, I certify that all of my statements made here are accurate, truthful, and complete. If they are not, then I agree to be indebted to the U.S. Treasury Department and/or Turtle Mountain Housing Authority for any benefits that I may receive in this program, and I agree and promise to pay back such benefits.

TENANT:

\_\_\_\_\_  
Signature ( )  
(date)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone and email