

**WACCAMAW SIOUAN INDIAN TRIBE  
EMERGENCY RENTAL ASSISTANCE  
HOUSING APPLICATION  
SUPPORTING DOCUMENTS REQUIRED  
(FOR ALL HOUSEHOLD MEMBERS UNLESS OTHER STATED)**

\_\_\_\_\_ **TRIBAL CARD**

\_\_\_\_\_ **BIRTH CERTIFICATE**

\_\_\_\_\_ **SOCIAL SECURITY CARD**

\_\_\_\_\_ **CRIMINAL RECORD** (16 yrs. and older) (Will be done in tribal office)

\_\_\_\_\_ **VERIFICATION OF INCOME**  
(Income tax, Unemployment Statement, 8 weeks of GROSS income)

\_\_\_\_\_ **COPY OF CHECKING/SAVING ACCOUNT BANK STATEMENT**  
(if applicable)

\_\_\_\_\_ **COPY OF LEASE OR RENTAL AGREEMENT**

\_\_\_\_\_ **COPY OF UTILITIES BILLS**

**WACCAMAW SIOUAN INDIAN TRIBE**  
**EMERGENCY RENTAL ASSISTANCE**  
**HOUSING APPLICATION**  
**INCOME GUIDELINES AND REQUIREMENTS**

An “eligible household” is defined as a renter household in which at least one or more individuals meets the following criteria:

- i. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- ii. Demonstrates a risk of experiencing homelessness or housing instability; and
- iii. Has a household income at or below 80 percent of the area median. Priority will be given to households 50% and below.

**Rental assistance provided to an eligible household should not be duplicative of any other federally funded rental assistance provided to such household.**

**INCOME CHART 80%**

**PROGRAM GUIDANCE 2020-01 The United States MFI for FY 2020/21**

# of Household members	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>80%</b>	\$ 43,960	\$ 50,240	\$ 56,520	\$ 62,800	\$ 67,824	\$ 72,848	\$ 77,872	\$ 82,896
<b>50%</b>	\$27,475	\$31,400	\$35,325	\$39,250	\$42,390	\$45,530	\$48,670	\$51,810

For each additional member over 8 you increase income by \$6,280

# WACCAMAW SIOUAN INDIAN TRIBE EMERGENCY RENTAL ASSISTANCE APPLICATION

\_\_\_\_\_

Date of Application

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone

E-mail \_\_\_\_\_

Optional

### FAMILY COMPOSITION

1 Family Member #	2 Family Member Name Social Security Number	3 Relation to Family Head	4 Date of Birth	5 Age	6 Sex	7 Enrollment Number
1	SSN _____	_____	_____	_____	_____	_____
2	SSN _____	_____	_____	_____	_____	_____
3	SSN _____	_____	_____	_____	_____	_____
4	SSN _____	_____	_____	_____	_____	_____
5	SSN _____	_____	_____	_____	_____	_____
6	SSN _____	_____	_____	_____	_____	_____
7	SSN _____	_____	_____	_____	_____	_____

Are there any anticipated changes in family composition?    Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please explain

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INCOME

Family Member #	Employer	Estimated Income	
		Monthly	Yearly
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
TOTAL FAMILY INCOME:		_____	_____

**ASSETS**

Checking Account	Yes_____	No_____	Value \$_____
Savings Account	Yes_____	No_____	Value \$_____
Stocks	Yes_____	No_____	Value \$_____
Bonds	Yes_____	No_____	Value \$_____
Real Property	Yes_____	No_____	Value \$_____

Have you ever disposed of any assets during the last two years for less than fair market value?

Yes\_\_\_\_\_ No\_\_\_\_\_.

If Yes, please explain\_\_\_\_\_

**HOUSING CONDITIONS**

**RENT:**

Monthly Amount Now Paid for Rent \$ \_\_\_\_\_

Total amount in Arrears \$ \_\_\_\_\_

Did arrears take place before March 13, 2020 Yes \_\_\_\_\_ NO \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlords Contact Number \_\_\_\_\_

**UTLTIES:**

Monthly Amount Now Paid for Utilities \$ \_\_\_\_\_

Total amount in Arrears \$ \_\_\_\_\_

Did arrears take place before March 13, 2020 Yes \_\_\_\_\_ NO \_\_\_\_\_

1-Utility Company Name \_\_\_\_\_

Utility Company Address \_\_\_\_\_

Utilities Contact Number \_\_\_\_\_

Utilities Accountant Number \_\_\_\_\_

2- Home Energy Company Name \_\_\_\_\_

Home Energy Company Address \_\_\_\_\_

Home Energy Contact Number \_\_\_\_\_

Home Energy Accountant Number \_\_\_\_\_

**PREVIOUS HOUSING**

Have you ever lived in federally assisted housing?

Yes\_\_\_\_\_ No\_\_\_\_\_.

If Yes, when \_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

Do you live in federally assisted housing now? Yes\_\_\_\_\_ No\_\_\_\_\_

What is the monthly portion that you pay? \_\_\_\_\_

**DISPLACED, DISABLED, HANDICAPPED DATA:** Circle Yes or No (if Yes, please answer A, B, C)

A. Displaced by Urban Renewal or Low-Rent Project or Other Public Action:

- 1. Address when displaced\_\_\_\_\_
- 2. Notified by\_\_\_\_\_
- 3. Date notified\_\_\_\_\_
- 4. Date moved\_\_\_\_\_

B. Disabled Head, Spouse, or Single-Person Applicant:

- 1. Member disabled\_\_\_\_\_
- 2. Nature and extent of disability\_\_\_\_\_

C. Physically Handicapped Head, Spouse, or Single-Person Applicant:

- 1. Member handicapped\_\_\_\_\_
- 2. Nature and extent of handicap\_\_\_\_\_

**Statement of Need / Affected by Covid-19**

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I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS FULL, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

\_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant)

Date: