

SAULT TRIBE HOUSING AUTHORITY

COVID-19/CARES Emergency Utility Subsidy Program

WATER/SEWER

APPLICANT (Head of Household)

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security No: _____

Sault Tribe Member: Yes No

SPOUSE / SIGNIFICANT OTHER

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security No: _____

Sault Tribe Member: Yes No

Current Address: (actual location of residence): _____

Mailing Address: (If different than actual address): _____

City: _____

Zip Code: _____

Phone Number: (906) _____

County: _____

Phone Number: (906) _____

ADDITIONAL HOUSEHOLD MEMBERS: List name, relationship, Soc. Security number and Date of Birth for additional persons residing in the home

	FIRST NAME	LAST NAME	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NO.	DATE OF BIRTH	SAULT TRIBE MEMBER Y/N
1						
2						
3						
4						
5						

VENDOR INFORMATION**PRIMARY WATER/SEWER SOURCE**

Company Name: _____

Phone: _____

Company Address: _____

City/Zip Code: _____

Account Number: _____

ANNUAL HOUSEHOLD INCOME**INCOME:** Indicate the Source and Amount of income for all household members over the age of 18.**TYPES OF INCOME:** Employment, FIP, Social Security, SSI, Pension, Disability Income, Unemployment Benefits, Child Support, General Assistance, Rental Income or other income not listed.**RATE OF INCOME:** List income earned before taxes (gross). Copies of all income must be included with this application.**ELDERS & DISABLED:** Social Security, SSI and Social Security Disability recipients are required to submit a copy of their current award letter. Copies of monthly checks will not be accepted as proof of income.**Applications cannot be processed without proof of income.**

Name of Person	Source of Income	Amount of Income	Frequency (week-month)

Total Annual Household Income: \$ _____

Declaration of No Income ~ Applicant

I hereby declare that I (Name) _____

Have not received any income for the months indicated below: (specify month & year)

Have not received any income for the past 12 months indicated below: (specify month & year)

From: _____ through _____

My basic living needs (shelter, food, utilities) have been met for the above indicated months with the assistance of the person indicated below or as described below:

Name: _____ Phone: _____

Address: _____

Signature

Date

Declaration of No Income ~ Spouse/Other Adult

I hereby declare that I (Name) _____

Have not received any income for the months indicated below: (specify month & year)

Have not received any income for the past 12 months indicated below: (specify month & year)

From: _____ through _____

My basic living needs (shelter, food, utilities) have been met for the above indicated months with the assistance of the person indicated below or as described below:

Name: _____ Phone: _____

Address: _____

Signature

Date

I understand that the STHA is relying on this information to verify my household's eligibility for STHA housing assistance programs. I certify that all information and answers to the questions contained in this application are true and complete to the best of my knowledge. I authorize my consent to have the STHA verify the information contained in this application for purposes of proving my eligibility for Emergency Utility Subsidy Program.

I understand that the information given on this application will be held in confidence and will be used for the sole purpose of determining my eligibility and suitability for housing programs. I further 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, and I understand that my selection for Emergency Utility Subsidy Program may be contingent upon the Housing Authority being able to formally verify this information. I understand that any falsification, misrepresentation or concealment of information by me can result in denial of utility assistance and possible prosecution under the law. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

WARNING Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I have read and understand the above statement, which are made a part of the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement. I further understand that this application cannot be processed without my signature below.

Signature of Applicant (required)

Date

Signature of Spouse/Significant Other (required)

Date

Application Checklist

- Sault Tribe Membership Cards for all enrolled Tribal Members
- Social Security Cards for all Household Members
- Birth Certificate or proof of Custody Order/Guardianship (if applicable)
- Proof of Current Income for all members in the household
 - o Income includes employment, child support (must have 12-month printout from the Friend of the Court), FIP gran, Workmen’s Comp, Social Security Award Letters, etc.
- Proof of Residency for individuals over the age of 18 living in the household. This can be a driver’s license or State ID (no personal letters)
- A copy of the current water/sewer bill in the applicant’s name
- If no income-completed Zero Income Statements above

DO NOT WRITE BELOW THIS LINE

Is Application complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Items needed:
Income Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	\$500.00 per family
Receiving Assistance <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Processed By:	Date Processed:
Authorized By:	Date Authorized:

SEND COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Sault Tribe Housing Authority
EUSP Program
154 Parkside Dr.
Kincheloe, MI 49788