



Sault Tribe Housing Authority
154 Parkside
Kincheloe, Michigan 49788
(906) 495-1450 or 1-800-794-4072

Emergency Rental Assistance Program

Who is eligible?

You may be eligible for the Emergency Rental Assistance program if you pay rent on a residential dwelling and it's determined that you meet the following conditions:

1. Your household income is at or below 80% of area median income.
2. One or more individuals with the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to COVID-19 outbreak
3. One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.

For more information on eligibility, contact Sault Tribe Housing Authority.

SAULT TRIBE HOUSING AUTHORITY

Emergency Rental Assistance Program

Rental Assistance

Utility Assistance

Both

1. Tenant Information

| | | | |
|---|---|---|------------------------|
| Full Name (Head of Household) | | Date of Birth (mm/dd/yyyy) | Social Security Number |
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming | Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic /Non-Latino | |
| Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | | Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Spouse/Significant Other Information

| | | | |
|---|---|---|------------------------|
| Full Name (Head of Household) | | Date of Birth (mm/dd/yyyy) | Social Security Number |
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming | Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White | Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic /Non-Latino | |
| Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No | | Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Do you or any member of your household receive any other assistance, including federal, state or local assistance provided for payments of rent? (Housing Choice Voucher, Public or Indian Housing, Project Based Rental Assistance)

Yes

If yes, what type of assistance: _____

No

| | |
|------------------|---|
| Initials: | I understand that I am not entitled to receive duplicate federal assistance. I declare that the above information provided is correct and complete. |
|------------------|---|

ADDITIONAL HOUSEHOLD MEMBERS: List name, relationship, Soc. Security number and Date of Birth for additional persons residing in the home. Attach additional sheet listing household members if needed.

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

CONTACT INFORMATION

Current Address: (actual location of residence): _____

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

City: _____ State: _____ Zip Code: _____

Phone Number: _____ County: _____

Phone Number: _____ Email Address: _____

VENDOR INFORMATION

LANDLORD INFORMATION (attach proof of rental)

Landlord Name: _____

Phone: _____

Landlord Address: _____

City/Zip Code: _____

Account Number: _____

PRIMARY WATER/SEWER SOURCE (attach copy of bill)

Company Name: _____

Phone: _____

Company Address: _____

City/Zip Code: _____

Account Number: _____

PRIMARY HEAT SOURCE (attach copy of bill)

Company Name: _____

Phone: _____

Company Address: _____

City/Zip Code: _____

Account Number: _____

PRIMARY ELECTRIC SOURCE (attach copy of bill)

Company Name: _____

Phone: _____

Company Address: _____

City/Zip Code: _____

Account Number: _____

PRIMARY GARBAGE/TRASH SOURCE (attach copy of bill)

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. Provide proof for all sources of income.

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: \$ _____

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.

2. 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 child care/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:
 - a. 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 or rent notice or eviction notice
 - Unsafe or unhealthy living conditions
 - Any other evidence of such risk
 - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, or documentation of any other evidence of risk.)

 - b. If you checked any of the boxes above, please describe the details of your housing instability: _____

Other Expenses Related to Housing

Have you or any other member of your household incurred other housing related expenses due to the COVID-19 Pandemic? Yes No

If Yes, please explain:

PRIMARY INTERNET SOURCE (attach copy of bill)

Company Name: _____

Phone: _____

Company Address: _____

City/Zip Code: _____

Account Number: _____

Internet is used in the household for: (check all that apply)

- Distance Learning
- Telework
- Telemedicine
- Obtaining Government Services

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 Rental Assistance 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 Emergency Rental Assistance Program. 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 Rental Assistance Program may be contingent upon the Sault Tribe 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 rental, utility, and other housing expense 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

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

SEND COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Sault Tribe Housing Authority
Emergency Rental Assistance Program
154 Parkside Dr.
Kincheloe, MI 49788

Application Checklist

- Sault Tribe Membership Cards for all enrolled Tribal Members
- Birth Certificate or proof of Custody Order/Guardianship (Tribal Households only)
- Copy of State ID or Driver License for all adult members of household
- Proof of Current Income for all members in the household
 - Documentation of Unemployment
 - Income includes employment (last two check stubs), child support (must have 12-month printout from the Friend of the Court), FIP grant, Workmen’s Comp, Social Security Award Letters, etc. **or**
 - I.R.S. 2020 1040 tax return with W2s.
- If no income has been received for other adults in the home, complete Attestation of Zero Income Statement
- Proof of Rental. Copy of Lease Agreement, Rental Receipts, Rental Ledger, etc.
- Copy of past due rent notice, notice to quit, court summons, complaint or judgment if applicable
- A copy of all utility bills in the applicant’s, spouse or other adults name that you are seeking assistance for if applicable
- Written and signed attestation where noted in application.

Additional Requirements

1. Applicants must sign a release of information form allowing the Sault Tribe Housing Authority to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. 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.

**AUTHORIZATION
FOR RELEASE OF INFORMATION**

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **Sault Ste. Marie Tribe of Chippewa Indians Housing Authority** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Treasury in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Employment, Income, and Assets Residences and Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) includes, but are not limited to:

| | |
|--------------------------------|---|
| Landlords (including | Employers |
| Public Housing Agencies) | Retirement Systems |
| State Social Services Agencies | State Unemployment Agencies |
| Utility Companies | Banks and other Financial Institutions Credit providers and |
| Social Security Administration | Veterans Administration |

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

| Personal Information | |
|----------------------------------|------------------------------|
| Name Last: | Middle: |
| First: | Maiden: Other Names Used: |
| Social Security Number: | Birth Date: |
| Drivers License/State ID Number: | State Issued: |
| Address: | |
| City, State, Zip: | |
| Tribal Affiliation: | |

Client Signature _____ Date _____

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| First: | Maiden: Other Names Used: |
| Social Security Number: | Birth Date: |
| Drivers License/State ID Number: | State Issued: |
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