

BLACKFEET HOUSING
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM
Rental Assistance and Utility Assistance Application

*Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program. **All applications must be completely filled out for processing to begin.***

1. Do you rent the residence in which you are living? Yes No

If yes, continue filling out application.

If no, you are not eligible for Emergency Rental Assistance Program.

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

Applicant Information

Applicant Name: _____ Date: _____

Date of Birth: _____ Tribal Enrollment No.: _____ Last 4 of SSN: _____

Gender: _____ Race and Ethnicity: _____

Address: _____ City: _____ State: _____

Zip: _____ County: _____ Phone: _____

Email Address: _____

Current Landlord Name: _____ Monthly Rental Amount \$ _____
Contact Phone: _____ Email: _____
Address of Landlord: _____

General Information

2. Are you an enrolled member of the BLACKFEET Nation Yes No

3. Has anyone in your household been unemployed longer than 90 days? Yes No

4. Household size (total number of adults and minors in rental unit): _____

Emergency Rental Assistance Program funds will be used for the following activities:

- a. Rent (current)--Applicants can apply for rental assistance for current month's rent. Up to \$1,000.00 per month.
- b. Prospective Rent (future rent)--Financial assistance for a period up to 12 months, up to 12,000.00 maximum. Must re-certify income eligibility every 3 months.
- c. Rental arrears--ERAP assistance can pay for arrears as far back as March 13, 2020. 12,000.00 maximum.
- d. Utilities and home energy costs--Current month's utility statement amount. Up to \$300.
- e. Utilities and home energy costs arrears--ERAP assistance can pay for arrears as far back as March 13, 2020, \$3,600 maximum amounts.

All required documents must be attached in order to be considered for assistance.

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enroll. No.	Annual or Monthly Income	Income Source	Check if attached documentation
Total Monthly Income				X 12 months =	Annual Income	

Please note Blackfeet Nation COVID relief payments are not considered income. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2021. Please completely fill out top section. Applicants are strongly encouraged to submit a 2021 IRS 1040 tax form, this is the preferred method of income verification, this will greatly assist applicant with future re-certification.

Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? Yes No
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: _____

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):
 - Currently homeless
 - A past due utility with disconnect notice or rent notice or eviction notice
 - Any other evidence of such risk
- a. If you checked any of the boxes above, attach 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:

A. Rent Arrears and Utility Costs Arrears

Do you have any Rent Arrears or Utility Costs Arrears?

(Check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)

- Rent Arrears** (*Rent payments in arrears*): (back rent or rent unpaid since March 13, 2020)

Total amount in Arrears \$ _____

Please provide rental statement / ledger from your landlord

- Utility Costs Arrears** (*Utility Cost payments in arrears*): Total amount in Arrears \$ _____

1. **Natural Gas / Propane/ Fuel Oil:** Amount \$ _____

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

2. **Electricity:** Amount \$ _____

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

3. **Water / Sewer:** _____ Amount \$ _____

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

4. **Trash Removal:** _____ Amount \$ _____

Utility Provider: _____ Account Number: _____

Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____

Rent Arrears and Utility Costs Arrears:

Only includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020.**

Arrears includes: interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.

Arrears does not include: interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

B. Other Housing Expenses

Do you expect to be unable to pay any other Housing Expenses? (*Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (*

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due

_____ **Payment due:**

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Payment Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from Emergency Rental Assistance from any other source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you have received such, Rental Assistance funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify Blackfeet Housing of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if Blackfeet Housing determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

If a landlord or owner of a residential dwelling submits this Form 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

Additional Requirements

1. Applicants must sign a release of information form allowing the Blackfeet Housing 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.

Attestation Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

APPLICANT SIGNATURE

DATE

Form Received by Blackfeet ERA program:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: Yes No Reason: _____

Denial Communicated: _____ Staff Signature: _____

All Applications must be returned to BLACKFEET HOUSING

Email: the application to ERAP@blackfeethousing.org

Fax: 406-338-3464

United State Post Service: Blackfeet Housing, ERAP, P.O. Box 449 Browning MT, 59417

Hand Deliver to 1200 SW Boundary St. Browning, MT. Place in Drop Box outside the door.

Questions about the can be emailed to ERAP@blackfeethousing.org or call 406-338-5031

All required documents MUST be attached in order to be considered for assistance.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/we, the undersigned, with this, authorize the BLACKFEET HOUSING 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 BLACKFEET NATION, 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 BLACKFEET HOUSING and/or their agents.

I/we, the undersigned, with this, release the BLACKFEET HOUSING 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.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

____-____-_____
S.S.N. OF APPLICANT

____-____-_____
DATE OF BIRTH

TODAY'S DATE

PRINT NAME OF CO-APPLICANT

SIGNATURE OF CO-APPLICANT

____-____-_____
S.S.N. OF APPLICANT

____-____-_____
DATE OF BIRTH

TODAY'S DATE

All required documents must be attached in order to be considered for assistance.

COVID-19 Emergency Rental Assistance Program

Form Checklist

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

For all Applicants:

- Current rental lease

Submit the following documentation if applicable:

- Income Verification Documentation
- Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- Tribal Verification (Tribal ID (can be expired), Certificate Degree of Indian Blood, Per capita statement with full name and Tribal ID)
- Documents showing Utility Costs Arrears and interest/penalties accrued
- Current Utility bills showing current Utility Costs due (Entire Bill)
- Documents showing other expenses related to COVID-19 for which payments are due
- Signed Release of Information Form
- W-9 Landlord fills out and must return

All required documents MUST be attached in order to be considered for assistance.

**BLACKFEET HOUSING
P. O. BOX 449, BROWNING, MT 59417**

2022 Annual Income Limits for BLACKFEET HOUSING – GLACIER & PONDERA Low Income Programs April 2022								
Household Size								
Income Category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely low income 30% or less of County Median Income	15,000	17,240	21,720	26,200	30,680	35,160	39,640	44,120
Very Low Income 50% or less of County Median Income	25,000	28,600	32,150	35,700	38,600	41,450	44,300	47,150
Low Income 80% or less of County	43,960	50,240	56,520	56,520	67,824	72,848	77,872	82,896