



# PINOLEVILLE POMO NATION

500 B. Pinoleville Dr Ukiah, CA 95482

phone: 707-463-1454 fax: 707-463-6601

## Emergency Rental Assistance/ Utility Assistance Program Application Instructions

Attached is the application for Emergency Rental and Utility Assistance. Please return the completed application to the Pinoleville Pomo Nation Housing Department (PPNHD) office with the following:

- Copy of ID/ Driver License for head of household
- Authorization to Release (signed)
- Verification of Income (2 months)
- Tribal Identification
- Copy of rental lease agreement (if applicable)
- Original utility bills from delinquency to current (if applicable)
- Original Notice of Rent Delinquency Notice (if applicable)
- Eligible Household Must Include the following:
  - (i) That 1 or more individuals within the household has
    - (I) qualified for unemployment benefits **or**
    - (II) experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, which the applicant shall attest in writing;
  - (ii) That 1 or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which **may** include—
    - (I) a past due utility or rent notice or eviction notice;
    - (II) unsafe or unhealthy living conditions; **or**
    - (III) any other evidence of such risk, as determined by the eligible grantee involved; **and**
  - (iii) The household has a household income that is not more than 80 percent of the area median income for the household.

Please note prioritization will be given to households whose income does not exceed 50% of the area median income. If you need assistance in completing this application, please contact the PPNHD.

The adjusted income limit for family size and 80 percent of median income are shown below:

	2020 MFI							
	\$78,500							
	1	2	3	4	5	6	7	8
	Person	Person	Person	Person	Person	Person	Person	Person
80%	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848	\$77,872	\$82,896



# Emergency Rental Assistance Program

**Emergency Assistance:** This program assists low-income families with short-term subsidies to defray rent, utility, water, propane and sewer bills that families have received, current and past due. **Provide a copy of your utility bill or rental lease agreement with the delinquency notice as applicable.**

## **Section 1: Application Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State , Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### **Indicate the type of assistance you are applying for:**

Rental Assistance       Utility Assistance

### **Family Composition:**

Please list YOURSELF and ALL PERSONS living in your household. (List additional members on a separate page).

MBR #	LAST NAME	FIRST NAME	Race	Ethnicity	SEX	RELATION TO HEAD	BIRTH DATE	SOCIAL SECURITY #
1						Head		
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

**Section 2: Income Information**

All information is kept confidential and is subject to verification. If the Pinoleville Housing Department is unable to verify the information on your application it will be considered "incomplete" and returned to you. To avoid delaying your application, please complete this section as thoroughly as possible.

**ALL HOUSEHOLD INCOME**

Please check ANY of the following types of income ALL members of your household now receive or Expects to Receive:

- UNEMPLOYMENT BENEFITS       CHILD SUPPORT/ ALIMONY       S.S.I/ SOCIAL SECURITY
- SELF-EMPLOYMENT       WORKMEN'S COMP/ L & I       ANNUITY PAYMENTS
- VETERAN'S BENEFITS       HUD HOUSING VOUCHER       RETIREMENT PENSION
- PUBLIC ASSISTANCE       EMPLOYMENT/WAGES       OTHER

FIRST NAME OF FAMILY MEMBER	LAST NAME OF FAMILY MEMBER	SOURCE OF INCOME	AMOUNT	FREQUENCY

\*child support includes regular contributions received from any source for a dependent

**Impacted By COVID-19**

Have you or someone in your household had a loss of income in response to COVID-19?

YES  NO  Explain:

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Have you or someone in your household had a reduction of income in response to COVID-19?

YES  NO  Explain:

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Have you or someone in your household had an increase of expenses in response to COVID-19?

YES  NO  Explain:

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**Need for Assistance**

Do you need assistance with RENT or UTILITIES due to a loss of income, increase of expenses or loss of employment in response to the COVID-19 outbreak?

YES  NO  Explain:

\_\_\_\_\_

Do you have Past Due RENT or UTILITIES due to a loss of income, increase of expenses or loss of employment in response to the COVID-19 outbreak?

YES  NO  Explain:

\_\_\_\_\_

Did the Past Due RENT or UTILITIES happen before after March 13, 2020?

YES  NO  Explain:

\_\_\_\_\_

Have you received any Federal Funding assistance for Rent or Utilities prior to the submission of this application?

YES  NO  Explain:

\_\_\_\_\_

**Utility Assistance**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Utility Type: \_\_\_\_\_

Is this payment Past Due? YES  NO

Is this a reoccurring payment? YES  NO

**Utility Assistance**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Utility Type: \_\_\_\_\_

Is this payment Past Due? YES  NO

Is this a reoccurring payment? YES  NO

**Rental Assistance**

Please Note: Mortgage Payments are INELIGIBLE with these funds

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Is the rent Past Due? YES  NO  Bedroom Size: \_\_\_\_\_

Rent Past Due: \$ \_\_\_\_\_

Monthly Rent Amount: \$ \_\_\_\_\_

**Signature Clause**

**All Adult Members of the household are required to review and sign**

I understand that the Pinoleville Pomo Nation Housing Department (PPNHD) is relying on this information to verify my household’s eligibility for the Emergency Rental Housing Assistance Program. I will provide PPNHD all the necessary information for the purpose of this application.

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 understand that providing false information or making false statements in considered grounds for denial of my application and or termination of the Emergency Rental Assistance Program. I also understand that such action may result in criminal penalties.

I certify that the residence is and will be my primary residence and will not duplicate any federal assistance while receiving assistance from this program.

<b>Signature:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Date:</b>	

**FOR OFFICE USE ONLY**

Pre-qualification Summary

Total Household Income: monthly: \$ \_\_\_\_\_ annual: \$ \_\_\_\_\_ # of Household members: \_\_\_\_\_

Income Classification:  Very Low Income  Low Income  Moderate Income  Above Moderate

Percentage of MI: \_\_\_\_\_