

PASCUA YAQUI TRIBE

RENTAL, MORTGAGE, AND UTILITY ASSISTANCE GRANT PROGRAM

SECTION A – APPLICANT INFORMATION (please print clearly)			
Date of Application:		Name of Applicant:	
Address of Residence:			
Mailing Address (if different than Address of Residence):			
Cell Number		Work Number:	
Email Address:			
Social Security Number		Tribal Enrollment Number	
Names of all other Household Members:			
Name of Landlord:			
Landlord Address:			

TYPE OF ASSISTANCE NEEDED (CHECK ALL THAT APPLY):					
<input type="checkbox"/>	Rent/Mortgage	<input type="checkbox"/>	Rental/Mortgage Arrears	<input type="checkbox"/>	Utilities and Home Energy Costs
<input type="checkbox"/>	Utilities and Home Energy Cost Arrears	<input type="checkbox"/>	Other Expenses		

SECTION B – ELIGIBILITY

In the below section, please check all that apply:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you or anyone in your household qualify for unemployment benefits since March 10, 2020?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you or anyone in your household experience a reduction in household income since March 10, 2020?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you or anyone in your household incur significant costs as a result of COVID-19 since March 10, 2020?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you or anyone in your household experience other financial hardship due, directly or indirectly, to the COVID-19 outbreak?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Were you or anyone in your household sent an eviction or foreclosure notice for your place of residence since March 10, 2020?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Did you or anyone in your household test positive for COVID-19 since March 10, 2020?

What is the approximate square footage of your home?	
How many members of the household are currently living in the home?	
What is the annual net income of your household for 2020?	

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is the heat/air conditioning working properly in your home?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there unsafe or no water supply to your home?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there a working toilet or sewage disposal system in your home?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are there adequate locks on entry doors to your home?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there an accumulation of garbage that may provide food or shelter to rodents, insects, or other pests; or that results in mold or other pestilence near your home?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there lead paint that a child under the age of 6 can reach in your home?

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SECTION C – ASSISTANCE	
<i>This application can only provide a total of three months of assistance. If additional assistance is needed, please reapply. Past due rent, mortgage, or utilities/home energy costs will only be reimbursed back to March 10, 2020.</i>	
Total Amount of Current/Past Due Rent/Mortgage Requested:	
Total Amount of Current/Past Due Utilities and Home Energy Costs Requested:	
Total Amount of Other Costs Requested:	
Total Amount:	
SECTION D - DOCUMENTATION	
All required supporting documents must be attached in order to review and process:	
<input type="checkbox"/> Copy of Pascua Yaqui of Arizona Tribal Enrollment Card/s for verification by PYT Enrollment Department <input type="checkbox"/> Signed Lease/Proof of Mortgage for Address of Residence <input type="checkbox"/> Proof of rent, mortgage, utilities, or other expenses requested, such as past due statements from landlord or utility company, or written attestation from landlord of past due rent	
<input type="checkbox"/> W-9 form for applicant <input type="checkbox"/> W-9 form for landlord/mortgage company <input type="checkbox"/> Signed written attestation from applicant included with this application <input type="checkbox"/> Signed written attestation from landlord included with this application (if applicable)	

I certify that all information provided in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of facts may render this application void and may subject me to legal action.

Applicant's Signature:		Date:	
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For Internal Office Use Only:

Received by:		Date:		Notes:
Reviewed by:		Date:		Notes:
Approved by:		Date:		Awarded Amount:
Submitted to Finance:		Date:		
Not Awarded due to the following: incomplete application / lack of information / lack of proof of need / does not meet requirements/other:				Date:

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EMERGENCY RENTAL & MORTGAGE ASSISTANCE GRANT PROGRAM

Written Attestation of Need

This is to attest that I, _____, currently residing at address _____, am providing the following proof of need in order to apply for rent/mortgage, rent/mortgage arrears, utility and home energy costs, utility and home energy cost arrears, or other expenses. I attest that all information provided herein as part of this application is truthful and that the expenses for which I am claiming responsibility are my legal responsibility.

Signed: _____ Date: _____