

PASCUA YAQUI TRIBE

EMERGENCY RENTAL 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	<input type="checkbox"/>	Rental Arrears
<input type="checkbox"/>		<input type="checkbox"/>	Utilities and Home Energy Costs
<input type="checkbox"/>	Utilities and Home Energy Cost Arrears		<input type="checkbox"/>
<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 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 rental unit?				
How many members of the household are currently living in the rental unit?				
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 rental unit?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there unsafe or no water supply to your rental unit?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there a working toilet or sewage disposal system in your rental unit?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Are there adequate locks on entry doors to your rental unit?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there an accumulation of garbage or filth that may provide food or shelter to rodents, insects, or other pests; or that results in mold or other pestilence near your rental unit?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is there lead paint that a child under the age of 6 can reach in your rental unit?

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SECTION C – ASSISTANCE

This application can only provide a total of three months of rental assistance. If additional rental assistance is needed, please reapply. Past due rent or utilities/home energy costs will only be reimbursed back to March 10, 2020.

Total Amount of Current/Past Due Rent 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:

- Copy of Pascua Yaqui of Arizona Tribal Enrollment Card/s for verification by PYT Enrollment Department
- Proof of a reduction in household income, or significant costs incurred due to the COVID-19 pandemic, or a financial hardship due to the COVID-19 pandemic, or an eviction notice since March 10, 2020.
- Proof of a Positive COVID-19 test for a household member since March 10, 2020, if applicable.
- Signed Lease for Address of Residence
- Proof of outstanding rent, utilities, or other expenses requested, such as past due statements from landlord or utility company, or written attestation from landlord of past due rent
- W-9 form for applicant
- W-9 form for landlord
- Signed written attestation from applicant included with this application
- 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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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, rent arrears, utility and home energy costs, utility and home energy cost arrears, or other expenses due to the COVID-19 pandemic. My proof of this is attached herein for eligibility for the program and provided proof of assistance needed under this program. I attest that I have not received assistance from the federal, state, or any local governments for the assistance I am applying for today.

Signed: _____ Date: _____