

**\*FOR OFFICIAL USE\***

Date Submitted: \_\_\_\_\_  
Time Submitted: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Application #: \_\_\_\_\_

**WICHITA AND AFFILIATED TRIBES  
COVID-19 EMERGENCY RENTAL ASSISTANCE  
ERA PROGRAM APPLICATION**

**P.O. Box 729  
Anadarko, OK 73005  
(405) 247-2425 ext. 120**

[ERaprogram@wichitatribe.com](mailto:ERaprogram@wichitatribe.com)

**Have you or a member of your household applied for a COVID-19  
Emergency Rental Assistance Program from any other Tribe or agency?**

Circle one:  
**YES NO**

If yes, please list the tribe or agency where you applied for assistance.

\_\_\_\_\_

**Applicant Information**

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

Date of Birth: \_\_\_\_\_ Tribal Enrollment No.: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**General Information**

1. Are you a member of the Wichita and Affiliated Tribes?  Yes  No
  - a. If yes, attach proof of membership of the Wichita and Affiliated Tribes for each household member
  - b. If no, attach proof of membership of the other Indian Tribe(s) for each household member
2. Do you rent the home in which you are living?  Yes  No
3. If you do not rent the home, please explain your housing situation: (Circle One)

I own home    I have a mortgage    I live stay with someone but I am considered Homeless

**Household Member Information:**

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source


**Income Verification**

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. 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 2020.
2. **Monthly income** of household: \$ \_\_\_\_\_
  - a. Applicant must submit sufficient confirmation of the household’s monthly income at the time of application for at least the two months prior to the submission of this application.

**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, etc.

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

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**Additional Requirements**

1. Applicants must sign a release of information form allowing the Wichita and Affiliated Tribes ERA Program 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.

**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.

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 the Wichita and Affiliated Tribes ERA Program 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 Wichita and Affiliated Tribes determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Application Received by Wichita and Affiliated Tribes ERA Program:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

<b>OFFICIAL USE ONLY</b>	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

# COVID-19 Emergency Rental Assistance Program

## Application Checklist

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

### For all Applicants:

- Copy of Driver's License or Photo Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Income Verification for each member 18 or older
  - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)  
or
  - Monthly received in the last 60 days (2 months)

### Submit the following documentation if applicable:

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of lease or rental agreement showing required rental payments or deposits
- Copy of utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability
- W-9 for Landlord

**WICHITA AND AFFILIATED TRIBES  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM  
ERA PROGRAM**

**Applicant Certification of Economic Hardship**

*In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.*

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Wichita and Affiliated Tribes ERA Program of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**WICHITA AND AFFILIATED TRIBES  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM  
ERA PROGRAM  
P.O. Box 729  
Anadarko, OK 73005  
(405) 247-2425 ext. 120  
[ERAprogram@wichitatribe.com](mailto:ERAprogram@wichitatribe.com)**

**Financial Assistance Form**

*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.*

**Applicant Information**

Applicant Name: _____		Date: _____
Date of Birth: _____	Tribal Enrollment No.: _____	SSN: _____
Physical Address: _____	City: _____	State: _____
Zip: _____	Phone: _____	
Mailing Address: _____	City: _____	State: _____
Zip: _____	Email: _____	

1. Do you currently rent the home in which you are living?  Yes  No  
a. If yes, attach and submit your current rental lease.

Current Landlord Name: _____
Contact Phone: _____ Email: _____

2. What is the total amount of rent that you pay each month? \$\_\_\_\_\_

**Financial Assistance**

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

**“Financial Assistance”** means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

“Rent” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

“Utility Costs” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).

**A. Rent Arrears and Utility Costs Arrears<sup>1</sup>**

**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*):

Total amount in Arrears \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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.

<sup>1</sup> **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, the Wichita and Affiliated Tribes ERA Program will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.



Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Current Rent and Current Utility Costs**

**Do you expect to be unable to pay your Current Rent or Current Utility Costs payment, or required Deposit to obtain rental housing?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment (rental lease, documents showing rent or utility costs due, etc.)*

- Current Rent Payment due** (*Rent payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Current Utility Costs Payments due** (*Utility Costs that are currently due and owing but not yet in arrears*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Prospective Rent and Prospective Utility Costs**

**Do you expect to be unable to pay your Prospective Rent or Prospective Utility Costs payments?**  
(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each prospective payment  
(rental lease, documents showing rent or utility costs due, etc.)*

**Prospective Rent Payments due** (*Rent payments expected to be owed*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Prospective Utility Costs Payments due** (*Utility Costs payments expected to be owed*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Current Deposit Payment due** (*Deposit payment for rental housing that is due and owing as a condition of obtaining rental housing*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**D. 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 (COVID-19) outbreak, as defined by the Secretary of Treasury. Maintenance costs are not included in this definition.*)

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each housing expenses payment due (bills showing payments due, documents showing interest accrued, etc.)*

- Payment due:** List Type of Expense: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Payment due:** List Type of Expense: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Payment due:** List Type of Expense: \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing 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 another source for the same assistance being applied for with this Form (“Duplicative Benefit”). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

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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 the Wichita and Affiliated Tribes ERA Program 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 Wichita and Affiliated Tribes determines it is appropriate to do so.

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APPLICANT SIGNATURE

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DATE

**Form Received by the Wichita and Affiliated Tribes ERA Program:**

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STAFF MEMBER SIGNATURE

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DATE

<b>OFFICIAL USE ONLY</b>	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____
Denial Communicated: _____	Staff Signature: _____

## **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:**

- Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- Documents showing Utility Costs Arrears and interest/penalties accrued
- Utility bills showing Current Utility Costs due
- Documents showing other expenses related to COVID-19 for which payments are due
- W9 for Landlord



# Wichita and Affiliated Tribes COVID-19 Emergency Rental Assistance Program ("ERA Program")

P.O. Box 729 Anadarko, OK 73005

[ERAProgram@wichitatribe.com](mailto:ERAProgram@wichitatribe.com)

(405) 247-2425 ext. 120

## RELEASE OF INFORMATION

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give consent and authorize the Wichita and Affiliated Tribes COVID-19 Emergency Rental Assistance Program ("ERA Program") to obtain information related to enrollment, income, utilities, rent/rental lease, etc. in relation to my application for the COVID-19 Emergency Rental Assistance Program ("ERA Program"). Please release the following documents and/or information to the location described below.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Information to be released: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be released to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, hereby state that I am requesting the release of information as listed on the release form for myself or for a minor child that is in my legal custody.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date