

ENTERPRISE RANCHERIA INDIAN HOUSING AUTHORITY

COVID-19 EMERGENCY ASSISTANCE APPLICATION
FOR NON-ERIHA TENANTS

SECTION I. COVID-19 EMERGENCY ASSISTANCE PROGRAM:

PLEASE COMPLETE THE APPLICATION AND CHECK ALL THAT APPLY:

I, _____ (QUALIFYING TRIBAL MEMBER NAME),
AM REQUESTING THE FOLLOWING EMERGENCY ASSISTANCE, TOTAL AMOUNT
REQUESTED IS: \$ _____ (MAY NOT EXCEED \$1500.00 PER HOUSEHOLD).

THIS ASSISTANCE IS FOR:

_____ PAST DUE RENT PAYMENTS* lease agreement must be in qualifying Tribal Members name.

_____ PAST DUE MORTGAGE PAYMENTS* mortgage/title must be in qualifying Tribal Member's name.

_____ EMERGENCY UTILITY PAYMENTS (WATER/SEWER, ELECTRICAL, PROPANE, OIL)

*utility bills, must be in qualifying Tribal Member's name.

Note* Please provide copies of your lease agreement, mortgage/title and/or utility bills that you are requesting payments. All payments will made to the 3RD party and for the account listed on the invoice.

SECTION II. HOUSEHOLD INFORMATION

TRIBAL MEMBER/APPLICANT NAME: _____ ENROLLMENT # _____

CURRENT ADDRESS: _____

SOCIAL SECURITY NO. # OF APPLICANT: _____ SEX: _____ DATE OF BIRTH: _____

TELEPHONE NUMBER OR CONTACT TELEPHONE NUMBER: _____

LIST EACH HOUSEHOLD MEMBER THAT RESIDES AT THIS ADDRESS:

NAME	D.O.B.	S.S. #	TRIBAL MEMBER

SECTION III. CERTIFICATION

I/We certify that all information in this Application is true to the best of my/our knowledge. I also certify that this assistance is due to the COVID-19 "stay at home" order that has been in place starting March 17, 2020, and has impacted our income, livelihood and living expenses. I understand that this assistance is for the entire household whether or not there are numerous tribal members in the household. I understand that following the lifting of the "stay at home" order this assistance will no longer be available to my household, and or is available until funds are no longer available.

SIGNATURES:

_____ DATE: _____
APPLICANT/ENTERPRISE TRIBAL MEMBER

_____ DATE: _____
CO-APPLICANT/ENTERPRISE TRIBAL MEMBER