



## Mescalero Apache Tribe

### Application for COVID-19 Emergency Rental Assistance (ERA)

This application is for a **one-time** payment of *up to* \$300.00 on either rent *or* a utility bill. Applications need to be submitted by September 30, 2022. Only eligible renter households will receive funding under the ERA Program. Assistance is provided to each renter household, not each individual in the home. ERA payments are made directly to the landlord or utility service. **All** documentation needs to be submitted with application (i.e.: income verification, rental lease, landlord or vendor W9, and rent/utility bill to be paid).

Primary Applicant Only:

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

Physical Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tribal Census#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: ☐ American/Alaskan Indian; Tribe: \_\_\_\_\_ ☐ Black/African American

☐ White ☐ Asian ☐ Native Hawaiian ☐ Pacific Islander ☐ Other \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Non-Hispanic Other \_\_\_\_\_

List all household members:

Name	D.O.B.	Age	Relationship	M/F	Monthly Income
			Self		

Total Household Annual Income: \$ \_\_\_\_\_ Total Household Monthly Income: \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone #/Email: \_\_\_\_\_

Utility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Utility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. The financial assistance request is for (choose **one** of the following):

- ☐ Rent  
☐ Utility and/or home energy cost, list and explain;

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2. An eligible household must be obligated to pay rent and

a. One or more individuals within the household has:

- ☐ Qualified for unemployment benefits; or  
☐ Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

If either box is checked, please explain (and attach supportive documentation such as paperwork showing individual(s) have qualified for unemployment benefits):

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b. One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability:

- ☐ Yes ☐ No

If "Yes", please explain (and attach supportive documentation such as past due utility or rent notice or eviction notice):

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c. Household income is at or below 80% of area median income.

3. Has the household received any other federally funded rental or utility assistance from State, Local, or Tribal entities?

- ☐ Yes ☐ No

If yes, Source and Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

If yes, Source and Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

4. Are one or more individuals within the household unemployed as of the date of this application, or have any such individuals been unemployed for the 90-day period immediately preceding the date of this application?

- ☐ Yes ☐ No

By signing this application, I attest that the information provided is complete and true to my knowledge. I understand that any false information will void my application.

☐ Additional attestations are attached to this application.

☐ Lease, rental agreement, past due notice

☐ Income verifications are attached to this application.

☐ Utility bills are attached to this application.

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

**For Office Use Only:**

Does the household have a household income that is not more than 80 percent of the Area median income?

☐ Yes ☐ No County \_\_\_\_\_ State \_\_\_\_\_ Occupants \_\_\_\_\_ AMI \$ \_\_\_\_\_

Does the household have a household income that is not more than 50 percent of the area median income?

☐ Yes ☐ No County \_\_\_\_\_ State \_\_\_\_\_ Occupants \_\_\_\_\_ AMI \$ \_\_\_\_\_

The household is Eligible ☐ Ineligible ☐

Total amount of assistance approved \$ \_\_\_\_\_

\_\_\_\_\_  
Intake Date

Approved: \_\_\_\_\_  
Program Coordinator Date