



Mescalero Apache Tribe

Application for COVID-19 Emergency Rental & Utility Assistance (ERUA)

Only eligible households will receive funding under the ERUA Program. Assistance is provided to each household, not each individual in the home. ERUA payments are made directly to the landlord or utility service. Please attach documentation with application (i.e.: income verification and rent/utility bills).

Primary Applicant Only:

Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Tribal Census#: _____

Phone Number: _____ Email Address: _____

Race: American/Alaskan Indian Black/African American White Asian

Native Hawaiian Pacific Islander Other _____

Ethnicity: Hispanic Non-Hispanic Other _____

List all household members:

Name	DOB	Age	Relationship	M/F	Monthly Income
			Self		

Total Household Annual Income: \$ _____

Total Household Monthly Income: \$ _____

Landlord Name: _____

Phone Number: _____

Utility Name: _____

Phone Number: _____

Utility Name: _____

Phone Number: _____

1. The financial assistance request is for:
 - Rent
 - Rental arrears (Amount: \$ _____, from _____ (date) to _____ (date))
 - Utilities and home energy costs
 - Utilities and home energy costs arrears (Amount: \$ _____, from _____ (date) to _____ (date))
 - Other expenses related to housing incurred due, directly or indirectly, to the COVID-19 Pandemic (list and explain; include expenses such as relocation expenses, rental fees due to displacement, reasonable accrued late fees, internet services for distance learning, telework, telemedicine, obtaining government or other necessary services, and similar necessary services.) _____

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): _____

 - 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): _____

 - 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 \$ _____

Approved: _____

Intake _____ Date _____ Program Coordinator _____ Date _____