



Gwichyaa Zhee Gwich'in Tribal Government
(Formerly known as the Native Village of Fort Yukon, IRA)
P.O. Box 126 3rd & Alder
Road Fort Yukon, AK 99740
Phone: (907) 662-2581 or 1-800-478-6839
Fax: (907) 662-2222 Website: www.fort yukon.org

Emergency Rental Assistance Application Check List

Please provide a copy of the following for all listed on this application;

- Photo ID for identity verification.
- Proof of Membership to an Indian Tribe for each household member.
- Provide supporting documentation for your income. Supporting documents can be one of the following: Recent paystubs, 2020 Federal Tax Return, W-2, 1099. This information must be provided for your application to be complete.
- Utility bills, Lease Agreement, and unemployment verification, and your landlord's phone number _____
- Attached W-9 must be completed by your landlord.

You cannot duplicate any other federally funded rental assistance provided to such household, Initial _____

By signing this application, you certify all these answers are true. Misleading or fraudulent statements can lead up to a requirement to pay back all monies. Initial _____

If approved, rent and/or utility relief payments will be made directly to your landlords and utility companies.

The program allows for up to 12 months of financial assistance, with the possibility of extended assistance for an additional three months only if necessary, to ensure housing stability for an Eligible Household, subject to the availability of funds.

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.

If applicant moves before financial assistance is exhausted, landlord and utility companies must reimburse the Gwichyaa Zhee Gwich'in Tribal Government, Initial _____

All past due rent and utilities dating back to March 13, 2020 will be paid first.

Applicant Signature: _____ Date: _____/_____/_____

Emergency Rental Assistance Application

This application is intended to provide Fort Yukon residents and Tribal Members with rental assistance to assist renters with rent and utility expenses. If you live in a rental home or stay at someone’s home, or have had to live in a hotel/motel, or rent space in an RV Park, you may be eligible to receive rental and utility financial assistance. Under this program, funding may also be available to pay for internet services, security deposits, or the costs of hotel/motel stays under certain circumstances. Information provided will be held confidential by GZGTG. Applicants must sign a release of information form allowing GZGTG to verify any and all information required to participate in the Emergency Rental Assistance funded by the US Department of Treasury.

Applicant Information

Primary Applicant Name: _____ Date: _____
 Date of Birth: _____ SSN: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

Are you or is a member of your household a member of an Indian Tribe? Yes ___ No ___ If yes, attach proof of membership of an Indian Tribe for each household member.

Household Member Information

Name	Date of Birth	Last 4 digits of SSN	Annual or Monthly Income	Income Source
(Self)				

Eligibility

1. Do you or any individual in your household qualify for unemployment benefits? Yes ___ No ___
2. Have one or more individuals in your household experienced a reduction in household income, incurred significant costs, or experienced a financial hardship since March 13, 2020? Yes ___ No ___
3. Are you and/or someone in your household at risk of experiencing homelessness or housing instability? Yes ___ No ___ If yes, please describe. _____

4. Do you have an annual household income at or below 80 percent of the area median? Yes ___ No ___

80% HUD INCOME LIMITS							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$52,136	\$59,584	\$67,032	\$74,480	\$80,438	\$86,397	\$92,355	\$98,314

Please provide the following information regarding your income:

1. Do you have a 1040 tax form that was filed this year or last year? If yes, write the \$ amount shown in the "gross adjusted income" space here: \$ ____ If no, go to question 3.
2. Did you make any additional money last year not reported on tax form? Yes ____ No ____ If yes, write amount here: \$ _____
- 3a. If you have no recent tax form, add up ALL income received last year, from everyone in household. Include government assistance, include all taxable wages \$ _____
- 3b. How many people are residing in the household that are under 18 years of age, and are full-time students? _____
- 3c. Is the head of the household an elder or disabled? Yes ____ No ____
- 3d. Did you spend any money on child care or elder care so that you or another member of the family could work or go to school? Yes ____ No ____
If yes, write amount here: \$ _____
- 3e. Did you get any financial assistance from the State of Alaska (i.e., STATE and TANF)?
Yes ____ No ____ If yes, write the amount here: \$ _____
- 3d. Did you get any Social Security benefits (benefits paid for retirement, widows and children, and survivor benefits)? Yes ____ No ____ If yes, write the amount here: \$ _____

To be eligible for financial assistance, you or members of your household must demonstrate a risk of homelessness or housing instability. At least one of the following statements must be true for you or a member of your household (check all that apply) since the start of the pandemic (March 13, 2020). Please check at least one of the boxes below and attach supporting documentation demonstrating each type of housing instability, if any is available (e.g. past due utility or rent notice or eviction notice).

- Has received a rental eviction notice.
- Has received past due rent or utility notice(s).
- Is at increased risk of exposure to COVID-19 due to overcrowding.
- Is unsafe due to past or potential intimate partner violence or sexual assault or stalking.
- Is delaying the purchase of essential good/services to pay rent or utilities (e.g., food or prescriptions—child care or transportation—equipment for remote work or school).
- Is relying on credit cards or payday lenders or other high-cost debt products to pay for rent or utilities—or depleting savings rather than using wages or other income.

To be eligible for the Emergency Rental Assistance Program, you or member of your household must meet certain additional criteria. At least one of the following statements must be true: You or a member of your household since the start of the pandemic (check all that apply):

- Has qualified for unemployment benefits. Note that it is not necessary to be actively receiving benefits, only to have qualified for them.
- Has lost income due to the COVID-19 pandemic.
- Has incurred significant costs due to COVID-19 pandemic.
- Has experienced financial hardship due, directly or indirectly, to the COVID-19 pandemic.
- Has been or is currently unemployed.

Have you received assistance for rent and/or utilities from any other source? Yes _____ No _____ If so, please explain: _____

Household income:

Tell us about your income. Applicants must provide this information to the best of their ability:

Are you currently receiving unemployment? Yes _____ No _____

Date Employment Lost: _____ Date employment resumed (If applicable): _____

Financial Assistance

- Qualified applicants can receive assistance for up to 12 months of rental or utility costs arrears or future rent or utility costs.
- Assistance will only be provided for 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.
- Rent arrears must be caught up first before assistance will be provided for current or future rent.

“**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).

Requests for Assistance with Utilities:

Arrears: Which bills are past due, and how much?

*Electric: \$ _____ Gas: \$ _____ Water & Sewer: \$ _____ Trash: \$ _____ Heating costs (can include firewood): \$ _____

Current and Prospective: List current and prospective utility costs for which you would like assistance.

*Electric: \$ _____ Gas: \$ _____ Water & Sewer: \$ _____ Trash: \$ _____ Heating

costs (can include firewood): \$_____

*If you are seeking assistance for utility cost arrears or current or prospective utility costs, attach your utility bill(s) with the name, phone number, and billing address for each utility provider.

Requests for Assistance with Rent:

(List any amounts of rent arrears, current rent, or prospective rent for which you would like assistance

Past due (arrears) rent: \$_____

Current monthly rent: \$_____

Prospective rent: \$_____

GZGTG will not provide financial assistance for prospective rent payments for more than three (3) months based on any application.

Requests for Other Assistance

(Expenses must be related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak. Applicants must provide documentation of these expenses)

Do you need assistance paying a security deposit? \$_____

Costs of hotel/motel stays \$_____

Allowed if the Applicant is staying at a hotel/motel longer term (one week or longer) as a means of avoiding homelessness. The applicant must demonstrate or attest that they are in immediate need of housing and would otherwise be without housing except for lodging in a hotel or motel.

Relocation expenses and rental fees \$_____

(If a household has been temporarily or permanently displaced due to the COVID-19 outbreak)

Application or screening fees \$_____

Internet services \$_____

–Applicant must provide documentation or self-attestation that the service is for the purposes of engaging in distance learning, telework, and telemedicine or for obtaining government services; payments can be used for payment of arrears (up until March 13, 2020), for installation, and for up to three months prospective monthly payments.

–GZGTG will only provide assistance for internet services if it has sufficient ERA Program funds available to cover other eligible expenses.

Demographic Information:

Primary Applicant Full Name: _____ Alaska Native? _____ or American Indian? _____

Gender, Race and Ethnicity of primary applicant: _____

Please provide a copy of your photo ID for identify verification and provide supporting documentation for your income (2020-1040 Tax return, Pay Stubs, 1099's, W-2's). This information must be provided for your application to be complete. We will also need your utility bills, lease agreement, unemployment verification, and your landlord's name and phone number:

You cannot duplicate any other federally funded rental assistance provided to such household, Initial_____.

TO THE APPLICANT: By signing this Application, 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:

Attestation

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 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 and attest*** 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 GZGTG 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 GZGTG determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose. I understand that GZGTG is relying on these representations and commitments as the basis for providing the assistance requested.

Applicant Name: _____ Date: ____/____/____

Applicant Signature: _____



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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, request and authorize the Gwichyaa Zhee Gwich'in Tribal Government to obtain any and all information to determine my eligibility for assistance. For example: IRS tax return, Cash Assistance of any kind (ASAP/ GA/ SSI/ SSDI/ APA), wage information, State of Alaska, DOL Unemployment, and any other information the Gwichyaa Zhee Gwich'in Tribal Government needs for Eligibility purposes, and data collection for the funding opportunities. Please release my confidential information from my file to:

NAME: Temporary Intake Coordinator
ORGANIZATION: Gwichyaa Zhee Gwich'in Tribal Government
ADDRESS: PO Box 126, Fort Yukon, AK 99740

Purpose of disclosure: Eligibility Determination for Emergency Rental Assistance

My signature indicates I have read this form and/or have had it read to me. I know and consent (including owner of a mobile or manufactured home) that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing. I am able to revoke this consent (in writing) at any time.

Applicant's name (printed): _____

Applicant's signature: _____ Date: _____