

**SAGINAW CHIPPEWA HOUSING DEPARTMENT (SCHD)  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM  
APPLICATION**

**\*FOR OFFICIAL USE\***

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

**PRINT CLEARLY – IF WE CAN’T READ IT - YOUR APPLICATION WON’T BE PROCESSED!**

Return completed application and all supporting documentation to: SCIT Housing 2451 Nish Na Be Anong Drive, Mount Pleasant, MI 48858 or email [CERAP@sagchip.org](mailto:CERAP@sagchip.org) If you have questions or need assistance call (989) 775-4595.

**Applicant Information**

Applicant Name: _____		Date: _____	
Date of Birth: _____	Tribal Enrollment No.: _____	SSN: _____	
Mailing Address: _____	City: _____	State _____	Zip: _____
Phone(s): _____			
Physical Address: _____	City: _____	State: _____	Zip: _____
County: _____	Email: _____		
Applicant Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Applicant Race:	<input type="checkbox"/> Native American	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White or European American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Applicant Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other	

**General Information**

1. Are you or a member of your household a member of a US Federally recognized Indian tribe? ☐ Yes ☐ No
  - a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Are you a first generation descendant of the Saginaw Chippewa Indian Tribe of MI? ☐ Yes ☐ No
  - a. If yes, attach a copy of parent’s tribal enrollment card.
3. Do you rent the home in which you are living? ☐ Yes ☐ No
  - a. If yes, attach a copy of the lease agreement or other proof of residency; and
  - b. Provide landlord contact information:
    - Name \_\_\_\_\_
    - Phone \_\_\_\_\_
    - Email \_\_\_\_\_
    - Mailing address \_\_\_\_\_
4. Is this landlord a family member of yours or to anyone else in the household? ☐ Yes ☐ No
  - a. If yes, what is the relationship: \_\_\_\_\_
5. You are seeking assistance for (check all that apply):

<input type="checkbox"/> paying rental arrears	<input type="checkbox"/> paying current / prospective rent	<input type="checkbox"/> other housing expense
<input type="checkbox"/> paying security deposit	<input type="checkbox"/> paying utilities	(late fees, screening fees)

**Household Member(s) 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 for the past two months (60 days).

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.

**Other federal, state or local assistance**

Below, provide information on any other sources of financial assistance your household received for calendar year 2020.

1. Public Housing subsidy or Housing Choice Vouchers (Section 8)
  - a. Where and what amount: \_\_\_\_\_
2. LIHEAP (Low-Income Home Energy Assistance Program)
  - a. What was it used for and what amount: \_\_\_\_\_
3. MDHHS Programs or Michigan Family Independence Program
  - a. Emergency Relief, for how long & amount: \_\_\_\_\_
  - b. Temporary Heat & Utility Assistance for how long & amount: \_\_\_\_\_
  - c. Cash assistance, for how long & amount: \_\_\_\_\_
  - d. Emergency Rental Assistance, when and how long: \_\_\_\_\_

Financial assistance under this Program may not be duplicative of any other federally funded rental assistance already provided or may be provided to the household. The renter household may receive assistance for the tenant-owned portion of rent or utilities that is not subsidized.

**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
- ☐ A past due water/sewer notice or past due home heating bills
- ☐ Unsafe or unhealthy living conditions
- ☐ Release from treatment facility or incarceration
- ☐ Over crowding
- ☐ 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, or documentation of any other evidence of risk.)

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

---

---

---

---

---

---

---

---

### Rent Arrears and Utility Costs Arrears

Rent arrears and utility costs arrears includes rent and or utility arrears that occurred on or after March 13, 2020. Arrears includes interest charges, penalties or late fees accrued from the date on which the first missed payment after March 13, 2020 was due. Arrears DOES NOT include interest charges, penalties or late fees that accrued before March 13, 2020.

Check all that apply:

☐ Rent Arrears:

Total amount in arrears \$ \_\_\_\_\_ Months not paid: \_\_\_\_\_

Attach tenant ledger, landlord notice, billing statements, or other evidence of amounts owed. If utility costs are included in the monthly rent payment to the landlord, these are deemed to be rent.

☐ Utility Arrears: electricity, gas, home heating fuel, water/sewer, and trash removal. Utility costs DOES NOT include telephone or cable services.

1. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
2. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
3. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
4. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
5. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

Attach copies of billing statements or invoices for each utilities account.

### Current Rent and Current Utilities

Do you expect your household to be unable to pay your current rent or current utilities costs or are you unable to pay a required security deposit to obtain rental housing? Check all that apply.

☐ Current Rent due but NOT in arrears:

Total amount \$ \_\_\_\_\_ Due date: \_\_\_\_\_

If utility costs are included in the monthly rent payment to the landlord, these are deemed to be rent.

☐ Security deposit due Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

☐ Current Utilities: electricity, gas, home heating fuel, water/sewer, and trash removal. Utility costs DOES NOT include telephone or cable services.

1. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
2. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
3. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
4. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_
5. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

Attach copies of current billing statements or invoices for each utilities account.

**Prospective Rent and Prospective Utilities Costs**

Do you expect your household to be unable to pay your prospective rent or prospective utilities costs? Check all that apply.

☐ Prospective Rent payments

Total monthly amount \$ \_\_\_\_\_ Date due: \_\_\_\_\_

Attach copy of the lease agreement or other documentation of amounts due. If utility costs are included in the monthly rent payment to the landlord, these are deemed to be rent.

☐ Prospective Utility costs: electricity, gas, home heating fuel, water/sewer, and trash removal. Utility costs DOES NOT include telephone or cable services.

1. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

2. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

3. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

4. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

5. Type of utility: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of account holder and account number: \_\_\_\_\_

Attach copies of billing statements or invoices for each utilities account.

### Other Housing Costs

Do you expect your household will be unable to pay other Housing expenses? These are expenses such as late fees, interest or penalties for paying late, screening or application fees to obtain rental housing. Costs associated with maintenance work orders or unit repairs ARE NOT included as an eligible cost.

1.   Type: \_\_\_\_\_                      Amount: \$ \_\_\_\_\_                      Due date: \_\_\_\_\_  
      Provider name: \_\_\_\_\_                      Phone: \_\_\_\_\_  
      Mailing address: \_\_\_\_\_  
      Email: \_\_\_\_\_
  
2.   Type: \_\_\_\_\_                      Amount: \$ \_\_\_\_\_                      Due date: \_\_\_\_\_  
      Provider name: \_\_\_\_\_                      Phone: \_\_\_\_\_  
      Mailing address: \_\_\_\_\_  
      Email: \_\_\_\_\_
  
3.   Type: \_\_\_\_\_                      Amount: \$ \_\_\_\_\_                      Due date: \_\_\_\_\_  
      Provider name: \_\_\_\_\_                      Phone: \_\_\_\_\_  
      Mailing address: \_\_\_\_\_  
      Email: \_\_\_\_\_

### Additional Requirements

1. Applicants must sign a release of information form allowing the SCHD to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. For each additional month that applicant(s) seek Financial Assistance under the CERA 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. By signing this form I certify that I have not already received funding or benefit from another source for the same assistance being applied for with this form. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify SCHD 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 the Saginaw Chippewa Indian Tribe determines it is appropriate to do so.

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

\_\_\_\_\_  
DATE

#### **If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:**

I, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LANDLORD TAX ID NUMBER

\_\_\_\_\_  
LANDLORD DUNS NUMBER

#### **Application Received by SCHD:**

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

\_\_\_\_\_  
DATE

#### **OFFICIAL USE ONLY**

Approved: ☐ Yes ☐ No Reason: \_\_\_\_\_

Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_



## **COVID-19 Emergency Rental Assistance Program Application Checklist**

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

### **For all Applicants:**

- ☐ Copy of Driver's License or Tribal Enrollment Card (proof of identity)
- ☐ Proof of membership of an Indian Tribe for each household member (*if applicable*)
- ☐ Proof of SCIT descendant (copy of parent's tribal ID card)
- ☐ 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 income received in the last 60 days (2 months)
- ☐ Signed release of information authorization
- ☐ Certification of economic hardship

### **Submit the following documentation if applicable:**

- ☐ Copy of lease or rental agreement showing required rental payments and physical address of residence
- ☐ 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 (caregiver costs, child care)
- ☐ Copy of utility bill(s): electric, gas, propane, garbage removal, water/sewer
- ☐ Copy of a past due rent, utility notice or eviction notice (proof of housing instability)
- ☐ Documents showing unsafe or unhealthy living conditions
- ☐ Any other evidence of risk of housing instability

### **All sources of income for the household must be declared on page one (1) of this application:**

- ☐ Wages, and tips
- ☐ Unemployment benefits
- ☐ Alimony or child Support
- ☐ Per Cap Income
- ☐ Indian Child Welfare Payments
- ☐ Self-Employment
- ☐ Welfare cash assistance
- ☐ Social Security Retirement Benefits
- ☐ Social Security Disability Benefits
- ☐ Social Security Children's Benefits
- ☐ Social Security Spouse's Benefits
- ☐ Social Security Widower Benefits
- ☐ Supplemental Security Income (SSI)
- ☐ Veterans Disability Compensation
- ☐ Veteran's Pension
- ☐ VA Survivor's Pension
- ☐ Railroad Retirement or Disability Benefits
- ☐ Private Pension Plans
- ☐ Savings Account Interest
- ☐ Dividends paid from stocks or other investments
- ☐ Cash from life insurance policies

## RELEASE OF INFORMATION AGREEMENT

I, the undersigned, hereby acknowledge that my rental history, my employment history and my prior tenancy may be investigated in the course of consideration for financial assistance under the COVID-19 Emergency Rental Assistance Program and I hereby authorize **Saginaw Chippewa Housing** or its agent(s) to contact my current employer and my current landlord, my caseworker and/or my utility provider(s) as well as; any Tribal Clerk's Office, support and alimony providers, child care providers, retirement systems, courts and post offices, Social Security Administration, Tribal and/or State Social Services, law enforcement agencies, and schools and colleges and authorize the same to release information about me including, but not limited to, information about my employment, my tenancy, and/or details about the information submitted on the CERA application to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for releasing and/or collecting the above information. This release shall remain in effect for one year from the date of signing this agreement with the Saginaw Chippewa Housing Department.

I believe, to the best of my knowledge, that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Address City State Zip

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ \*e-mail address \_\_\_\_\_

Receive Text Messages? Yes or No

**Company Requesting Information:** Saginaw Chippewa Housing  
2451 Nish-Na-Be-Anong Rd.  
Mount Pleasant, MI 48858  
Phone: (989) 775-4595 Fax: (989) 775-4580

### Information Being Requested:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Address Verification | <input checked="" type="checkbox"/> Income Verification     | <input checked="" type="checkbox"/> Social Security Verification    |
| <input checked="" type="checkbox"/> Tenancy Verification | <input checked="" type="checkbox"/> Employment Verification | <input checked="" type="checkbox"/> Tribal Affiliation Verification |
| <input checked="" type="checkbox"/> ACFS Caseworker      | <input checked="" type="checkbox"/> BH Caseworker           | <input checked="" type="checkbox"/> Other Caseworker _____          |

\*This form with the authorizing signature will be kept on file and may be photocopied repeatedly throughout the course of its validation and used as needed.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_