

**Penobscot Nation Application for
COVID-19
Emergency Rental Assistance Program**

The information in this application is being collected to identify eligible families or individuals to participate in the Penobscot Nation's Emergency Rental Assistance (ERA) Program. The applicant must provide the required information for consideration of the application.

A. APPLICANT INFORMATION:

1. Name: _____
 Last First Middle
2. Current Street Address: _____
City: _____ State: _____ Zip Code: _____
3. Phone Numbers: (H) _____ (W) _____ (C) _____
4. Date of Birth: _____ 5. Social Security Number: _____
6. Penobscot Nation Tribal Census Number: _____
7. Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Living with partner: _____
8. Place of Employment: _____

B. PARTNERS INFORMATION:

1. Name: _____
 Last First Middle
2. Current Street Address: _____
City: _____ State: _____ Zip Code: _____
3. Phone Number: (H) _____ (W) _____ (C) _____
4. Date of Birth: _____ 5. Social Security Number: _____
6. Penobscot Nation Tribal Census number (if applicable): _____
7. Place of Employment: _____

C. TYPE OF ASSISTANCE:

What is the purpose of your request for assistance? Check the applicable box(es) and provide name, address, & contact information of landlord or company for which payment will be directed.

- 1. Rent: _____
- 2. Temporary Hsg/Motel Lodging: _____
- 3. Utility Charges: _____

COPIES OF UTILITY BILLS MUST BE PROVIDED TO DETERMINE ELIGIBILITY

- 4. Amount of monthly rent? _____
- 5. List utilities included in rent: _____
- 6. Do you have arrears? YES NO If so, what is the amount? _____
Provide dates for which you have arrears _____
- 7. Do you have a written lease? YES NO

IF YOU DO NOT HAVE A WRITTEN LEASE YOU MUST PROVIDE PROOF OF REGULAR RENT PAYMENTS IN THE FORM OF CANCELLED CHECKS OR RECEIPTS

- 8. Name of landlord or management company: _____
- 9. Address of landlord or management company: _____
- 10. Telephone number of landlord or management company: _____
- 11. Do we have permission to contact your landlord? YES NO
- 12. What is the physical address to the unit you are renting? _____
- 13. Have you received any other housing assistance? YES NO
If so, please explain _____

D. HOUSEHOLD INFORMATION: (List all members, tribal or not, living at residence)

Name	D.O.B	SS#	PIN Enrolled? Y/N	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. INCOME INFORMATION:

Applicants can provide proof of income utilizing “Annual Income” if you filed taxes in 2020. A copy of your 2020 tax returns will be necessary.

ANNUAL INCOME:

List all income for all members of the household. Income includes, but is not limited to, wages, salaries, commissions, SSI, retirement, child support, alimony, disability, unemployment, self-employment, rental income, general assistance, and public assistance. **Please provide proof of income: Copy of 2020 tax returns and copies of W-2’s and 1099’s.**

Name	Annual Income	Source of Income
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Household Annual Income: \$ _____
(If necessary, continue on another sheet)

If the applicant did not file taxes in 2020, applicants may elect to use “Monthly Income” for purposes of this application. If the applicant is utilizing monthly income, verification of income will be required every three (3) months.

MONTHLY INCOME:

List all income for all members of the household. Income includes, but is not limited to, wages, salaries, commissions, SSI, retirement, child support, alimony, disability, unemployment, self-employment, rental income, general assistance, and public assistance. **Please provide proof of income: Copies of current check stubs.**

Name	Monthly Income	Source of Income
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Household Monthly Income: \$ _____
(If necessary, continue on another sheet)

F. ELIGIBILITY:

Please answer the following. Have you or a member of your household:

- a. Qualified for unemployment benefits YES NO
- b. Experienced a reduction in household Income, incurred significant costs, or experienced other financial hardship due, directly to the COVID-19 pandemic YES NO
- c. Are at risk of experiencing homelessness or housing instability, which may include a past due utility or rent notice or eviction notice; or unsafe or unhealthy living conditions YES NO
- d. If so please explain: _____

G. **SIGNATURE AND CONSENT TO OBTAIN, CONFIRM AND RELEASE INFORMATION:** I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Penobscot Nation to obtain any and all information necessary for the purpose of verifying the statements made above, including without limitation, directly contacting my landlord and any service provider for my leased premises. I also understand that it is my responsibility to inform the Penobscot Nation if there is any change in my family status along with reporting any changes in income, living conditions and change of address prior to award or during the term of the assistance. I understand that providing false or misleading statements or omissions to the United States Government or the Penobscot Nation's COVID-19 Emergency Rental Assistance Program on this Application and Attestation may result in federal and state criminal and civil actions for fines, penalties, damages, imprisonment or removal from the PN ERA Program. I hereby certify that all information contained herein is accurate to the best of my knowledge.

Applicant Signature

Date

Partner's signature

Date

The information provided in this application will remain confidential with the Penobscot Nation ERA program and no information will be released to other departments or agencies without the consent of the applicant.

ELIGIBILITY DETERMINATION (PIN Use Only)

Date and time application received by PN: _____

Signature and title of PN employee receiving completed application: _____

Based upon the completed application and supporting documentation, and all applicable requirements, the Applicant _____

Is determined to be:

Eligible Not Eligible: If not eligible, state reason: _____.

Signature, title and date for person certifying eligibility: _____.