

**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 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.

a Rent: _____

b Temporary Hsg/Motel Lodging: _____

c Utility Charges: _____

d. Amount of monthly rent? _____ Amount of utility costs? _____

e. Do you have arrears? ___yes___no If so, what is the amount? _____

f. Do we have permission to contact your landlord? ___yes___no

g. What is the physical address to the unit you are renting? _____

h. 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#	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. INCOME INFORMATION:

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 current taxreturns, copies of W-2's, copy of current check stubs.**

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

Total Household Annual 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, or

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 hereby certify that all information contained herein is accurate to the best of my knowledge and I understand that knowingly providing false information is punishable by removal from the ERA program.

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 PIN: _____

Signature and title of PIN 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: _____.