

**HOUSING AUTHORITY OF THE PEORIA TRIBE
OF INDIANS OF OKLAHOMA
3606 SENCAY AVE
MIAMI, OK 74354
PHONE (918)-542-1873 FAX (918)-540-0342**

EMERGENCY RENTAL ASSISTANCE PROGRAM

The Emergency Rental Assistance Program (ERAP) assists eligible tribal households that are unable to pay rent and utilities (electric, water, gas, sewer, trash removal) due to the COVID-19 pandemic. ERAP can assist eligible households with rental arrearages, utility arrearages, current rental payments and current utility payments. Telecommunication services (telephone, cable) delivered to the rental dwelling are not considered to be utilities. This program is only available to rental households and does not apply to households with a mortgage or who currently own their home. This program is limited to one tribal member per household. Payments will be made directly to the landlord or utility company.

PROGRAM REQUIREMENTS

- 1 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 outbreak.
- 1 or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.
- Household income is at or below 80% of area median income.
- Please check this box if your household is at risk of being evicted, you have at least 1 shut-off notice from a utility company and/or a member of the household has been unemployed for at least 90 days.**

REQUIRED DOCUMENTS

- Completed application
- Copy of Tribal Membership Card for Tribal household members (a picture ID of primary applicant for non-tribal households)
- Social Security Cards for everyone in the household
- Landlord/Utility Form
 - Tax Identification Number required – see pages 3 & 6, Landlord Form & W9 must be filled out by the landlord
 - Copy of Lease
- Utility Bills
 - Bill must be in tribal member or spouse's name
 - Account number must be on bill
- Income Verification (please submit one of the following for all household members receiving income):
 - 2020 Tax Returns
 - 60 Days Check Stubs
 - Proof of Unemployment (90 days unemployment will receive priority)
 - Award Letter

CONTACT INFORMATION

Applications may be submitted via:

- Mail – 3606 Sencay Ave, Miami, OK 74354
- Fax – (918) 540-0342
- Email – mwallace@peoriahousing.net

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

FIRST NAME MIDDLE NAME LAST NAME SOCIAL SECURITY NUMBER

Mailing Address: _____
CITY/STATE/ZIP COUNTY

Physical Address: _____
(Unless same as mailing) CITY/STATE/ZIP COUNTY

Phone Number: _____
HOME/CELL WORK EMAIL ADDRESS

What is the primary applicant's race? Asian Caucasian Black or African American Native Hawaiian
Native American: List tribe: _____ Other (please list) _____

What is the primary applicant's ethnicity (circle one): Non-Hispanic or Hispanic

Do you currently rent or own your residence? Rent Own

ASSISTANCE NEEDED (select all that apply)

- Rent
- Utilities
 - o Utility Type _____ Account Number: _____
 - o Utility Type _____ Account Number: _____
 - o Utility Type _____ Account Number: _____
 - o Utility Type _____ Account Number: _____

HOUSEHOLD COMPOSITION

Complete the information below for each member who will be living in household.

Name	SSN	Sex	Birthdate	Relationship
1.				Head of Household
2.				
3.				
4.				
5.				

If you have any questions, please contact the Housing Authority at (918) 542-1873.

Peoria Housing Authority
3606 Sencay Avenue * Miami, OK 74354
Phone 918-542-1873

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Peoria Housing Authority, can provide documentation in support of my attestation of need. I also understand that if any of the above information supplied is found to be false, I can be required to return any support payments received.
- I have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- I am at risk of experiencing homelessness, housing instability or currently reside in unsafe or unhealthy living conditions.
- I am **NOT** receiving any other form of Federal assistance to pay my rent or utility payment.
- I am obligated to pay rent and utilities on a residential dwelling that I do not own or have a mortgage interest in.

Briefly explain how you have experienced hardship due to Covid-19 _____

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

LANDLORD/UTILITY FORM

Applicant and Landlord Information are required. Utility Information is required only if applicant is requesting assistance for utilities. If applicant is requesting assistance for more than one utility provider, this form will be required for each utility which assistance is being requested.

APPLICANT INFORMATION

(MUST BE COMPLETED BY APPLICANT)

Name _____ Address _____

Applicant Print Name: _____

Applicant Signature: _____ Date: _____

LANDLORD INFORMATION

(MUST BE COMPLETED BY LANDLORD)

Name _____ Address _____

Phone _____

Email _____

Tax Identification Number (Required) _____

Does the tenant have overdue rent charges? YES NO

If yes, overdue balance due to unpaid rent charges: \$ _____

Regular Monthly Rent and Monthly Utility Charges (if included): \$ _____

By signing below, I hereby certify the above listed tenant is behind due to the COVID-19 Public Health Emergency and is at risk of eviction if these charges are not satisfied. I also certify that the tenant's overdue balance relates to charges obtained no earlier than **March 13, 2020**, the date of the emergency declaration pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5191(b).

Landlord Print Name: _____

Landlord Signature: _____ Date: _____

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR

UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Account Number _____

(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash Internet (NO Cell Phones)

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash Internet (NO Cell Phones)

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash Internet (NO Cell Phones)

UTILITY PROVIDER INFORMATION

(MUST BE COMPLETED IF UTILITY ASSISTANCE IS REQUESTED – MAY BE COMPLETED BY APPLICANT OR UTILITY PROVIDER)

Utility Provider Name _____ Accountholder's Name _____

Account Number _____
(Required)

Utility Type: Electric Water Gas/Propane Sewer Trash Internet (NO Cell Phones)



Housing Authority of the Peoria Tribe
Of Indians of Oklahoma
3606 Sencay Avenue
Miami, Oklahoma 74354
Phone (918) 542-1873 Fax (918) 540-0342



ERAP Application

Disclosures:

Are you a PHA employee, PHA commissioner, Peoria or Ottawa Business Committee Member or closely related (father, mother, son, daughter, brother, or sister) to any of the above?

(Circle One) Yes/No

If Yes, Name _____

Relationship _____

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

- I certify that the information on this application is true and complete to the best of my knowledge.
- I understand that the information provided is used to determine eligibility and does not necessarily qualify me for the program.
- I give permission to the Housing Authority to make inquiries for the purpose of verification of statements made in this application, including inquiries with any current or former landlords or employers.
- I understand that providing false information may disqualify me or could result in the Housing Authority discontinuing rental housing assistance payments.

The above information is correct to the best of my knowledge. I understand that any false statement or information provided in this application is in violation of federal law, Title 18 USC 1001, a felony crime punishable by up to five years in prison.

Applicant Signature

Date

Co-Applicant (If Applicable)

Date

NOTE: It is the responsibility of the applicant to notify the Housing Authority of any changes of address, income or family composition and to respond to all correspondence received from the Housing Authority in a timely manner. Failure to comply will result in the application becoming inactive.

LANDLORD ONLY!!

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) Peoria Housing Authority 3606 Sencay Ave. Miami, OK 74354
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

HOUSEHOLD WILL NOT QUALIFY IF INCOME IS MORE THAN AMOUNT BELOW

AREA MEDIAN INCOME		PERSONS IN FAMILY							
STATE	COUNTY	1	2	3	4	5	6	7	8
OK	ADAIR	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
OK	CHEROKEE	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
OK	CRAIG	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
OK	DELAWARE	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
OK	MAYES	33,150	37,900	42,650	47,350	51,150	54,950	58,750	62,550
OK	NOWATA	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
OK	OTTAWA	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
OK	ROGERS	38,450	43,950	49,450	54,900	59,300	63,700	68,100	72,500
OK	WAGONER	38,450	43,950	49,450	54,900	59,300	63,700	68,100	72,500
OK	WASHINGTON	36,900	42,150	47,400	52,650	56,900	61,100	65,300	69,500
MO	BARRY	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
MO	BARTON	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
MO	DADE	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
MO	JASPER	35,200	40,200	45,250	50,250	54,300	58,300	62,350	66,350
MO	LAWRENCE	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
MO	MCDONALD	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
MO	NEWTON	35,200	40,200	45,250	50,250	54,300	58,300	62,350	66,350
MO	VERNON	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
KS	BOURBON	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
KS	CHEROKEE	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
KS	CRAWFORD	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
KS	LABETTE	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
KS	MONTGOMERY	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
KS	NEOSHO	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
KS	WILSON	36,200	41,400	46,550	51,700	55,850	60,000	64,150	68,250
AR	BENTON	41,250	47,150	53,050	58,900	63,650	68,350	73,050	77,750
AR	WASHINGTON	41,250	47,150	53,050	58,900	63,650	68,350	73,050	77,750