



**Department of Administration**  
**COVID-19 Emergency Rental Assistance**

Post Office Box 458 / Ada, OK 74821 / (580) 757-9064 / Toll free: (888) 895-7979 / Fax (580) 272-5726 / Email address: [ERAP@Chickasaw.net](mailto:ERAP@Chickasaw.net)

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

Eligibility groups for the Emergency Rental Assistance program include Chickasaw citizens, households where a Chickasaw citizen lives, and tenants who lease/rent property owned by a Chickasaw citizen and are referred to this program by their landlord, Chickasaw Nation or tribal subsidiary employees, households where a Chickasaw Nation or tribal subsidiary employee lives, and tenants who lease/rent property owned by a Chickasaw Nation or tribal subsidiary employee and are referred to this program by their landlord.

**Please submit one application per household**

Application type:  First time application     Re-certification for additional funding

Which eligibility group applies to your household?

- I am a Chickasaw citizen
- A Chickasaw citizen lives in the household
- I am a Chickasaw Nation or tribal subsidiary employee\*\*
- A Chickasaw Nation or tribal subsidiary employee lives in the household
- I was referred by my landlord and have a referral number
- None of the above

**Household Income Information:**

How many live in your household? \_\_\_\_\_ What is the total gross household monthly income? \_\_\_\_\_

What county and state do you reside? \_\_\_\_\_ What is your ZIP code? \_\_\_\_\_

***You will be asked to attach income documentation for all household members 18 and older for the previous two months to support this amount later in the application. Documentation may include paystubs, W-2s, or other wage statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer, etc.***

**COVID-19 Hardship Information:**

Have you or another member of your household qualified for unemployment benefits in 2020 or 2021?

- Yes     No

Have you or another member of your household been unemployed for the last 90 days?  Yes     No

Has your household experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to COVID-19?  Yes     No

Select yes if any of these statements apply to you:

- You have been laid off.
- Your place of employment has closed.
- You have experienced a reduction in hours of work.
- You must stay home to care for children due to closure of day care and/or school.
- You must stay home to care for children due to distance learning.
- You have lost child or spousal support.
- You have had an increase in expenses due to COVID-19 i.e., food, child care, medical bills, etc.
- You have been unable to find employment due to COVID-19.
- You are unwilling or unable to participate in your previous employment due to high risk of severe illness from COVID-19.

Please select one or more of the following that applies to you:

- I feel like my cost of living is high compared to my income. After I pay my rent, utilities, food, and other necessary living expenses, I don't have enough funds remaining for other expenses.
- I feel that the quality of my rental property is below average.
- Sometimes I stay with extended family and friends because I do not have stable housing.
- I do not have sufficient savings for emergency situations.
- None of the above.

Has your household experienced a financial hardship due to any of these reasons?

Increases in food prices, i.e., beef, potatoes, eggs:  Yes  No

Added expense of personal protective equipment (PPE) such as masks, hand sanitizer, gloves, etc.:  Yes  No

Added expense of equipment and/or supplies for remote work or distance learning:  Yes  No

Increase in medical bills or loss of work as a result of COVID-19:  Yes  No

I/we attest that all information provided is true, complete, and correct. I understand that I will be asked to attach supporting documentation such as paystubs, W-2s or other wage statements, tax filings, bank statement demonstrating regular income, or other forms of documentation to support the monthly income amount later in the application process.

**Renter/Tenant Information:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Birth date: \_\_\_\_\_ Citizenship ID no.: \_\_\_\_\_ \*\*Employee ID no.: \_\_\_\_\_

Affiliation:

- Chickasaw citizen  Other Native American  Non-native American
- Employee of the Chickasaw Nation and/or tribal subsidiary\*\*
  - Chickasaw Community Bank  Chickasaw Nation Industries  Solara  Global Gaming
  - Lone Star Park  Remington Park  Sovereign Native Holco  Trace Fiber Networks

Homeless?  Yes  No (if yes, please provide details regarding the situation to allow us to better assist you quickly)  
*Please attach a separate sheet if more space is needed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
 Same as mailing Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Race:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Decline to answer

Ethnicity:  Hispanic or Latino  Not Hispanic  Decline to answer

Preferred method of communication:  Phone  Email  U.S. mail

**Household Information:**

***Use the following table to list all household members. A household is defined as a group of related or unrelated individuals who usually live together and share income and expenses. **Citizenship will be verified. Citizenship ID no. is highly recommended, but not required for verification.*****



I am interested in three months of future utilities assistance.

Month	Utility (gas, water, propane, etc.)	Utility company	Phone number	Account number	Status (current or past due)	Amount due	Amount of other assistance received	Cut-off date (if applicable)

**Required Documentation:**

- I will send in required documentation via email or mail (applicant first and last name on all pages)  
OR  
 I have attached the following documentation to my application:
- Proof of income for the previous two months for all household members 18 and older
  - Utility bill(s) in the name of a household member which includes the rental property address, account number, and the total balance(s) due including any past due amounts for the applicable time frame.
  - Valid federal, state, or tribal photo ID (not applicable for active Chickasaw citizens)
  - Lease agreement

***Applications will not be considered complete until all required documentation is received.***

**Certification:**

By signing below, I/we certify that I/we have read the Program Participation Certification, that I/we attest that all statements within the Program Participation Certification are true and correct and apply to me/us; that I/we have reviewed this application and the information included with this application; and that all information included with this application is correct and complete to the best of my/our knowledge and any funding or assistance received will be used for the intended purpose.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Please submit completed application and supporting documentation to:**

**ERA Program  
Post Office Box 458  
Ada, OK 74821  
Phone: (580) 757-9064  
Toll free: (888) 895-7979  
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Email address: [ERAP@Chickasaw.net](mailto:ERAP@Chickasaw.net)**

*This project is being supported, in whole or in part, by federal award number ERA0453 and ERA0795 awarded to the Chickasaw Nation by the U.S. Department of Treasury.*



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## Participant Certification

Version Dated March 1, 2021

Program administrator: Chickasaw Nation

Program administrator contact information: [ERAP@Chickasaw.net](mailto:ERAP@Chickasaw.net) (580) 757-9064 / Toll free (888) 895-7979

Household member name(s): \_\_\_\_\_

Property address: \_\_\_\_\_

Household member phone no.: (\_\_\_\_) \_\_\_\_\_

Household member email address: \_\_\_\_\_

I/we, above named household member(s), hereby certify that:

1. I/we have occupied the above-referenced household as my/our principal residence during the period for which the rental and/or utilities and home energy costs arrears assistance, if any, is requested and shall occupy the household as my/our principal residence throughout the remaining months for which the assistance is provided.
2. I/we understand that this program requires participation from both the landlord and household member(s) and if the landlord does not elect to participate, assistance may not be provided.
3. I/we have disclosed any monthly federal subsidy amounts (e.g., a housing choice voucher, public housing, or project-based rental assistance) and any household rent adjustments made according to changes in income for the household. I understand that rental assistance provided by this program shall not be used for the same costs covered by any other form of government assistance.
4. I/we shall not seek to obtain rental assistance in the future for the same months of rental arrears or rent covered by this assistance, and that if I/we do receive such assistance I shall report it to the landlord using the contact information in my/our lease, and to the program administrator using the contact information at the top of this form.
5. I/we shall inform the program administrator, using the contact information at the top of this form, within 10 calendar days if evicted from the household or if I/we no longer occupy the household as my/our principal residence during the period of assistance.
6. To my/our knowledge, neither I/we, nor the landlord, have previously received rental assistance funded with the U.S. Department of Treasury Emergency Rental Assistance Program for the expenses requested with this application.
7. I/we have provided a written lease to the program administrator or a rental/lease agreement attestation form or other reasonable documentation evidencing proof of residency and monthly rental amount. The information I/we have provided regarding the terms of my/our lease and rent amount are true and accurate.
8. I/we have disclosed any immediate family relationship with the landlord to the program administrator.
9. I/we have either qualified for unemployment benefits or have experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due directly or indirectly to COVID-19. Financial hardship means an inability to meet basic living expenses for goods and services necessary for survival, or a change in circumstances including job change(s), reduction in hours, job loss, divorce or separation, other household dynamic change, relocation, illness, death in the immediate family, or other circumstances due directly or indirectly to COVID-19 which create a hardship, as determined by the program administrator.

10. I/we are at risk of experiencing homelessness or housing instability. Housing instability means having a lack of security in shelter due to a high cost of living compared to income, unsafe or unhealthy living conditions, poor housing quality, frequent location changes, overcrowding, homelessness, past due utility or rental notice or eviction notice, or financial hardship.
11. The information I/we have provided is correct and complete, and if requested, I shall provide documentation to prove my household's loss of income or additional expenses.
12. I/we acknowledge that access to all information collected, assembled, or maintained by the program administrator pertaining to this agreement/certification, except records made confidential by law or court order, may be provided to the U.S. Department of Treasury, Office of Inspector General, or others for audit and/or reporting purposes.
13. I/We have been provided a copy of this agreement/certification.
14. I/We may remain responsible for charges authorized under the lease (other than rent or utilities) going forward.
15. I/We authorize the utility providers, including internet service providers, and/or the landlord named on the application to release account and billing information to and accept payment from the Chickasaw Nation on behalf of the household through the Chickasaw Nation's Emergency Rental and Utility Payment Assistance Program.
16. I/We authorize the Chickasaw Nation to request and receive billing history, request and receive balances on the account(s) provided in the application, and remit payments. I understand that by authorizing the Chickasaw Nation to conduct the above-named transactions on the account(s) listed on the application that I, as the tenant and/or utility customer, may direct or perform even though ***I remain responsible for all payment and other service obligations. I/we understand acceptance of this application is not a guarantee that the Chickasaw Nation shall make any payments to the utility provider(s) and/or landlord on my behalf.*** This authorization shall expire one year from the date of application unless I/we request to terminate this authorization in writing.

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Household member signature

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Date