

FOR RENTERS IMPACTED BY COVID-19



Ohkay Owingeh Housing Authority has received funds from the US Department of Treasury to help our tribal members that have been financially affected by the COVID-19 pandemic.



RENT (including late fees)



HOME HEATING COST



UTILITIES



STUDENT HOUSING

CAN PAY FOR

- ◆ Rent (including late fees)
- ◆ Utility & Home energy costs (electric, propane, water/ sewer, gas, trash removal, wood, pellets)
- ◆ Home heating cost
- ◆ OOHA Lease Purchase
- ◆ Relocation Cost
- ◆ Student Housing

ELIGIBLE HOUSEHOLDS

- ◆ Ohkay Owingeh tribal member renting on/off reservation
- ◆ Households where one or more individuals have qualified for unemployment, decrease in income,
- ◆ Is a low income household (80% AMI) determined by County Income Limits where rental is located
- ◆ First come, first served.

ELIGIBLE EXPENSES

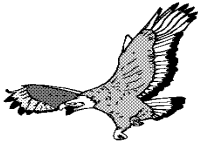
- ◆ Rental Arrears - Incurred on or after March 12, 2020
- ◆ Current & Upcoming rent up to 3 months at a time
- ◆ Household appliances (i.e., ovens, heaters, refrigerators, water heaters, air condition)

Contact OOHA for more information. **Applications** can be picked up in the office, on our website, or call us at 505-852-0189.



OHKAY OWINGEH HOUSING AUTHORITY

providing a fulfilling way of life for our community, now and into the future



OHKAY OWINGEH HOUSING AUTHORITY (OOHA)

PO Box 1059, Ohkay Owingeh, NM 87566 * Phone (505) 852-0189

OOHA EMERGENCY RENTAL ASSISTANCE PROGRAM

CHECKLIST

To be considered for the funding assistance from the US Department of Treasury, I must have a complete application submitted to OOHA.

These documents are included in my application packet to OOHA.

	Complete Signed Emergency Rental Assistance application
	Rental Agreement between Landlord and Renter
	Income verification for each household member 18 or older (i.e., paystubs, unemployment benefit statement, income attestation, award letter)
	Tribal ID or CIB
	Utility Bills (if requesting assistance)
	Signed Release of Information Form

Applicant Signature

Date

To submit your application to OOHA you can either mail or email to OOHA.

Mail Application Packet to:

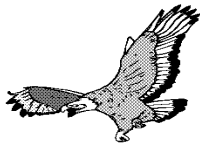
ERA Assistance Program

P.O. Box 1059

Ohkay Owingeh, NM 87566

Scan & Email Application Packet to:

app.ooha@ohkay.org



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APPLICATION FOR OOHA EMERGENCY RENTAL ASSISTANCE

To be Eligible, a household must be obligated to pay rent on a residential dwelling and OOHA must determine the following criteria:

- 1) Tribal members of Ohkay Owingeh Pueblo residing on or off the reservation, not already receiving assistance from other service providers;
- 2) Households paying rent under a rental agreement. This includes lease purchase, households newly renting a residential unit, or student housing;
- 3) Households where one or more individuals have either:
 - a) qualified for unemployment benefits; or
 - b) have experienced a decrease in household income, incurred significant costs, or
 - c) experienced other financial hardship due, directly or indirectly, to the COVID-19 Pandemic;
- 4) Households where one or more individuals has or is at risk of experiencing homelessness or housing instability; and
- 5) Is a low-income household, and qualify under Area Medium Income @ 80% for County of Residence.

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1. APPLICANT

<u>First Name</u>	<u>Last Name</u>	<u>Email</u>
<u>Mailing Address</u>	<u>City</u>	<u>State</u>
<u>Physical address of Rental</u>		<u>County of Residence</u>
<u>Cell Phone</u>	<u>Message Phone</u>	<u>Tribal Affiliation/Enrollment #</u>

2. ALL HOUSEHOLD – NAME & DATE OF BIRTH

<u>Name (Applicant)</u>	<u>DOB:</u>
<u>Name</u>	<u>DOB:</u>
<u>Name</u>	<u>DOB:</u>
<u>Name</u>	<u>DOB:</u>
<u>Name</u>	<u>DOB:</u>

3. INCOME

APPLICANT Name	Annual or Monthly \$	Name of Household member over 18	Annual or Monthly \$
Name of Household member over 18	Annual or Monthly \$	Name of Household member over 18	Annual or Monthly \$

All income must be verified by including supporting documents which may apply, i.e., employee paystub, social security income award letter for current year, notarized unemployment affidavit.

4. FINANCIAL HARDSHIP

Between March 13, 2020 to now, my household has had the following financial hardships caused by 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

(If you checked any of the above, attach supporting documents for each hardship. Copies of most recent paycheck stubs, or other sources of income showing decrease in income; email/letter showing notification of unemployment/reduction in hours, etc.)

Do you or anyone in your household qualify for unemployment benefits? Yes No
 (If yes, attach supporting documentation for each household member).

5. HOUSING INSTABILITY

Are you or anyone in your household about to experience homelessness or housing instability, which may include:

- A past due utility or rent notice or eviction notice
- Unsafe or unhealthy living conditions
- Any other evidence of such risk

If you checked any of the above, attach supporting documents demonstrating housing instability. Copies of past due utility or rent notice or eviction notice, or any evidence of risk.

If you checked any of the above, please explain the details of your housing instability:

6. RENTAL UNIT COST & UTILITY COST

<u>Name of Landlord</u>	<u>Phone</u>	Applicant must include copies of utility bills and rental agreements to verify this information.
<u>Address</u>	<u>Email</u>	
<u>Amount of Monthly Rent (\$)</u>	<u>Are you late on your rent?</u>	
<u>How long have you rented here?</u>	<u>If so, how many months have you not paid?</u>	
<u>Utility Provider</u>	<u>Account Balance (\$)</u>	<u>Amount past due (\$)</u>
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Have you or any individual household member received or anticipates receiving another source of public subsidy or assistance for this financial assistance request? _____ No _____ Yes

If yes, list from what source and what amount: _____

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This information given on this application is true and correct to the best of my knowledge. I understand my application is not complete if I do not include income verification documents, rental agreement, and utility bills, and any additional documents to support my application. All assistance is subject to funding availability.

Signature: _____

Date: _____

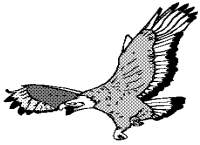
Received by: _____

Date: _____

OOHA Staff

OOHA USE ONLY

Household Income: \$ _____		County Income Limits: \$ _____	
Tribal member. Enrollment # _____		Application Complete with Support docs.: Yes _____ No _____	
_____ [if no, need _____]			
Final verification by: _____		Date: _____	
Total Amount of Assistance: \$ _____			
Rent: \$ _____	Check # _____	GL# _____	
Remit Name & Address: _____			
Utilities: \$ _____	Paid to: _____	Check # _____	GL# _____
Other: _____			
\$ _____	Paid to: _____	Check # _____	GL# _____
Grant code: _____	Program/Resident code: _____	W-9 Received? Yes or No	
Accounting Information entered by: _____		Date: _____	
Final Approval by ED: _____		Date: _____	



OHKAY OWINGEH HOUSING AUTHORITY (OOHA)

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AUTHORIZATION FOR RELEASE OF INFORMATION FORM

The undersigned hereby issues this Authorization for Release of Information on the date set forth below.

I have applied for emergency rental assistance at _____. I hereby authorize the Ohkay Owingeh Housing Authority (herein the "OOHA") to request and obtain income information from my employer, all government sources of income, and all other sources of income, for the purpose of verifying my household income to determine eligibility for the assistance.

I also authorize _____ to contact my landlord and utility companies that provide utility services to my rental dwelling for the purpose of verifying and obtaining information regarding my rent, other fees, and utility payments and to solicit their participation in the Emergency Rental Assistance Program.

The undersigned hereby acknowledge that he/she understands the contents of this Authorization and Release and voluntarily executes it.

So executed as of the date set forth below.

Applicant

Signature Date Social Security Number

Printed Name

Household Member

Signature Date Social Security Number

Printed Name

Household Member

Signature Date Social Security Number

Printed Name