



Bah-Kho-Je Housing Authority
335588 E 750 Rd Perkins, Ok 74059

(405) 547-2402

Dear Emergency Rental Assistance Applicant:

This temporary Emergency Rental Assistance Program operates under the US Department of the Treasury funding to respond to the COVID-19 pandemic. For eligible applicants who have faced a reduction in household income due to the pandemic, this program provides up to six (6) months past due rent or mortgage payments or three (3) months of current and future rental payments. This program will also provide payment for current and past due Utility Payments including, Electricity, Water, Sewer, Trash Services, Gas, and Propane for up to three (3) months past due and current balances. The amount of assistance is based on current available funding levels and payment is not guaranteed until the application has been processed and approved. Please Allow up to 14 days for processing.

Eligible applicants are renters 18 years of age or older and the combined total household income cannot exceed 80% of U.S. median income limits, as published by the U.S. Department of Housing and Urban Development.

Priority will be given to Iowa Tribe of Oklahoma Members with less than 50% of the area median income and who have been unemployed for at least 90 days.

Assistance is payable to Rental Properties and Utility Services only. We will not pay individuals directly to cover rental expenses or utilities. A W-9 from the Owner/ Utility Provider must be submitted with the application unless one is already on file with the Housing Authority.

If application is mailed, faxed or emailed, a Housing employee must call the applicant to verify details and attest to them on the last page of this application.

- Complete, signed Application.
- Copy of Iowa Tribe of Oklahoma membership card or CDIB for all household members.
- Social Security card for each household member
- Copy of current lease, landlord agreement or rental statement form (must be in applicant's name) or current or past due utility bill.
- Statement of the financial impact COVID 19 has had on your household (Including proof of unemployment benefits, reduction in income and/or statement of impact and financial hardship.)
- W-9 from the Landlord/Rental Agency or Utility Provider

Please read and complete each section of the attached application. No incomplete applications will be accepted. Completed applications must contain the following attachments:

Emergency Rental Assistance Program Application

Applicant Information			
Last Name:	First Name:	MI:	Application Date:
Physical Street Address:	City:	State:	Zip Code:
Mailing Address: (Street or PO Box):	City:	State:	Zip Code:
Email Address:	Phone Number:	Federally Recognized Tribe:	
		If Ioway, Membership No.:	

Household Data (applicant must be included)							
Last, First Name	Age	Social Security Number	Relationship to Applicant	Gender	Race	Enrolled IOWA Yes/No	IOWA Membership #
1.			Self				
2.							
3.							
4.							
5.							
6.							

Assistance Information

What type of Assistance are you Applying for? Rental Assistance Utility Assistance

Have you been laid off, furloughed, or hours cut due to COVID? Yes No

Has your income reduced due to COVID caused economic downturn? Yes No

Has your income reduced due to COVID related medical issues? Yes No

If Yes Please attach verification or a statement of how COVID has reduced your income and/or affected you by increasing your household costs due to the Pandemic.
 (See Attached Verification Form)

Household Income

Household Member Name:	Source of Income:	Monthly Amount Received:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Monthly Income Received:		\$

Applicants Rights and Responsibilities:

For Iowa Tribe of Oklahoma Members, completed applications will be processed within (14) business days. The approval notice will include benefit amount and vendor information. Non-Iowa Tribe of Oklahoma Native Americans and Non-Native applications will be processed when all Iowa Tribe of Oklahoma Members have been served.

Federal law governing fraud: “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick scheme or device, a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing on documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.

I have read and understand the above statements and I authorize the Bah-Kho-Je Housing Department to obtain necessary information from other sources to determine my eligibility for assistance. I agree to notify the Bah-Kho-Je Housing Department of any changes in the information provided on this application, and that all information provided is true and correct to the best of my knowledge, under penalty of law.

Signature - Applicant

Date

Signature – Other Adult Applicant

Date

On this _____ day of _____, 20____ the applicant listed above communicated with me and identified themselves. I restated the details submitted by them on this application and asked them to swear or affirm that all the details contained herein are true and correct. They agreed in the affirmative.

Given under my hand the day and year last above written.

BAH-KHO-JE HOUSING OFFICIAL

*Information, including any personal identifiable information, is solely collected and used for submitting reports as detailed under reporting requirements.

USE ONLY	
Application Completed Date:	Application Approved Date:
Application Processed By:	Application Approved By:

Self-Certification of Reduction of Income

Date:

Name:

Explanation of how COVID has affected your income and/or household costs.

Signature of Applicant:

