



**WYANDOTTE NATION**  
**EMERGENCY RENTAL ASSISTANCE PROGRAM**  
**14325 PORCUPINE ROAD**  
**WYANDOTTE, OK 74370**

The Emergency Rental Assistance Program assists eligible tribal households that are unable to pay rent and utilities (electric, water, and gas) due to the COVID-19 pandemic. ERA can assist eligible households with rental arrearages, utility arrearages, current rental payments and current utility payments. Telecommunication services (telephone, cable, internet) 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.

**REQUIRED DOCUMENTS**

- Completed application
- Copy of Tribal Membership Card for Tribal household members
- Landlord Address/phone number  
Tax Identification Number/W9 required
- Utility Bills  
Bill must be in tribal member or spouse's name  
Account number and address must be on the bill
- Income Verification (please submit one of the following for all household member receiving income)  
2020 Tax Returns  
2 months check stubs  
Proof of Unemployment (90 days unemployment will receive priority)

**CONTACT INFORMATION**

Applications need to be submitted:

- Mail- 14325 Porcupine Road, Wyandotte, OK 74370
- [kdeweese@wyandotte-nation.org](mailto:kdeweese@wyandotte-nation.org)
- [dgraham@wyandotte-nation.org](mailto:dgraham@wyandotte-nation.org)

## EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

FIRST NAME                      MIDDLE NAME                      LAST NAME                      SOCIAL SECURITY NUMBER

TRIBAL AFFILIATION                      ROLL NUMBER                      PHONE NUMBER(S)

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (IF DIFFERENT) \_\_\_\_\_

COUNTY                      EMAIL ADDRESS

What is the primary applicant's race: Caucasian Native American Other (please list) \_\_\_\_\_

**ASSISTANCE NEEDED (select all that apply)**

Rent

Utilities

● Utility Type \_\_\_\_\_ Account Number \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Complete the information below for each member who will be living with you.

NAME	SSN	SEX	BIRTHDATE	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				

By signing below, I hereby certify that:

- The above information is true and accurate, and if requested by the Wyandotte Nation, 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.

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# LANDLORD FORM

Applicant and Landlord Information are required.

## APPLICANT INFORMATION

**(Must be completed by Applicant)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## LANDLORD INFORMATION

**(Must be completed by Landlord)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**W9 is required**/Tax identification Number: \_\_\_\_\_

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 \_\_\_\_\_

# UTILITY PROVIDER INFORMATION

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

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 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

UTILITY PROVIDER NAME \_\_\_\_\_

ACCOUNTHOLDER'S NAME \_\_\_\_\_

TAX IDENTIFICATION NUMBER/W9 REQUIRED \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

UTILITY TYPE:  ELECTRIC  WATER  GAS/PROPANE

