

# Housing Assistance Application

Please read each item carefully before you answer. The answers you give will be used to decide if you are eligible for Emergency Assistance. If eligible, some of the answers you give will decide the amount of your Emergency Assistance payment. Personal information you provide may be used for secondary purposes.

Last Name – Applicant	First Name – Applicant
Case Number (TBHD use only)	Telephone Number – Applicant
Address – Applicant (Street, City, State, Zip Code)	County
Mailing Address – Applicant (if not the same as above) (Street, PO Box, City, State, ZIP Code)	

What is the best way to reach you? \_\_\_ Telephone \_\_\_ Email (Provide email address below)

If telephone is selected, is it safe to receive messages at that number? Yes No

Yes \_\_\_ No \_\_\_ Have you received an Emergency Assistance payment in the past 12 months?

If yes when and reason \_\_\_\_\_

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you take care of and make decisions for either your child or a relative's child in your home?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Will this child(ren) stay in your care in the future?

**Please check the box that best describes the unit you are interested in.**

Rental Home or homeless     
  Lease Purchase     
  Past Due Bills     
  Other (Please explain on next page)

**Required documents to complete application:**

- Fully-completed Housing Application (all sections must be fully completed and signed or the application will NOT be processed)
- Current Picture I.D. for Adults (18 years & older)
- Tribal Verification (all household tribal members)
- Proof of Income for everyone living in the household that are 18 years old or older (including but not limited to: Award letters for SS/SSI, Pension, Unemployment, VA, Child Support, copies of last 3 paycheck stubs, statement of contributions, or zero income form)
- Self-Employed Applicants – must provide most recent tax transcripts (provide a clear copy)
- W-9 Form from all vendors (TB finance office requires this form prior to issuing a check- this is the tribal member's responsibility to obtain this form)

**Other relevant request or required documents needed to prove your statements**

**Rental**

- Current signed Lease (tribal member must be listed on the agreement/lease in order to pay)
- Landlord contact information and W9 form
- Notice to Vacate and/or statement of what's owed
- Paid receipts of rental history

**Utilities**

Copy(ies) of the latest utility bill and W-9 form      **Note:** We do NOT pay for cellphone, cable or internet service)

**Home owner**

- Mortgage Provider – including email, phone numbers and contact person and W9 form (tribal member must be listed on the mortgage statement), and Past Due notice and/or Foreclosure paperwork

---

**TYPE OF EMERGENCY**

---

Your emergency must be because of one of the following situations. Check the type(s) of emergency that you have:

---

**IMPENDING HOMELESSNESS**

You need to leave your current housing. Examples include: your housing is not safe to live in (for example, because of the condition of the house, or because you are experiencing domestic abuse), rental housing being foreclosed, or receiving a notice to leave due to non-payment of rent or mortgage.

**HOMELESSNESS**

You do not have housing. Examples include: you are living in a place that is not meant for sleeping such as a car, you are living in a temporary place such as someone else's home or a motel, you left your home because it was not a safe/healthy place to live in, or you left your home due to domestic abuse.

**ENERGY CRISIS**

You do not have or could lose heating, electric, water, or sewer service.

**FIRE**

You have a financial emergency because you had a fire in your home.

**FLOOD**

You have a financial emergency because you had a flood in or around your home.

**NATURAL DISASTER**

You have a financial emergency because of a natural disaster such as a tornado.

---

**Please describe the emergency you have. For example, what happened and when the emergency happened.**

---

**If you checked the IMPENDING HOMELESSNESS box, answer the following questions:**

---

Yes No Do you have an eviction notice or a foreclosure notice?

If "Yes", when did you get the eviction or foreclosure notice? (Enter a date in mm/dd/yyyy format)

---

Please describe what happened to make it difficult to pay your rent or mortgage payment?

---

Provide current landlord / management company name and name of contact person.

---

Provide current landlord / management company telephone number.

---

Provide current landlord / management company mailing address (Street, City, State Zip Code)

---

Yes No Do you need a different home because your rental housing is in foreclosure?

"Yes", when does your family have to leave? (Enter a date in mm/dd/yyyy format)

Yes No Has a building or housing inspector or public health official decided your home is not safe to live in?

"Yes", when did the building or housing inspector or public health official decide this? (Enter date in mm/dd/yyyy) Yes No Do you have a housing inspection report?

---

---

**If you checked the HOMELESSNESS box, answer the following questions:**

---

Yes No Do you lack a regular place to live, sleep in a place not meant for sleeping, or sleep in someone else's household temporarily?

"Yes", when did this start? (Enter date in mm/dd/yyyy format)

---

Yes  No Do you plan to get a permanent place to live?

---

Yes  No Are you staying in a shelter for domestic abuse?

---

Yes  No Has a building or housing inspector or public health official decided your home is not safe to live in?

"Yes", when did the building or housing inspector or public health official decide this? (Enter date in mm/dd/yyyy) Yes No Do you have a housing inspection report?

---

---

**If you checked the ENERGY CRISIS box, answer the following questions:**

---

Yes No Does your family need financial assistance to get or keep heat, electricity, water, or sewer service?

If "Yes", please describe what happened to make it difficult to pay your utility bill.

If "Yes", what help has your family applied for received and/or awaiting approval? Include name of and amount received.

---

Yes No Does your family have an immediate threat to its health and safety from an Energy Crisis?

---

## HOUSEHOLD MEMBERS

Please list all people in your household at the time of the emergency and who will stay in your household if moving. List yourself on the first line.

Giving your social security number (SSN). Your social security number will be used to verify information relating to your Emergency Assistance application. If you do not provide the SSNs for everyone in your household, your application may be denied.

Mark "Yes" or "No" to show if each person is a US Citizen or a Qualified Non-Citizen.

Name (list yourself first)	Social Security Number	Birth Date	Citizen or Qualified Non-Citizen	Relationship
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Self
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## HOUSEHOLD FINANCIAL INFORMATION

### INCOME

List all income received in the previous 30 days for all household members. For example, a type of income could be employment, unemployment, child support, or other government resource, etc. The first two rows are listed as examples.

Type of Income	Monthly Income	Verification	Household Member
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

### ASSETS

List all current assets for all household members. For example, an asset could be a vehicle, boat or snowmobile, a retirement account, or a savings account. The first two rows are listed as examples.

Type of Asset	Current Value	Verification	Asset Owner
	\$		
	\$		

	6		
--	---	--	--

## SIGNATURES AND ASSURANCES

Please read each statement carefully. You must **initial each line** to indicate that you have read and understand the statement.

Initials	Statement
	I understand all questions and statements on this application.
	I understand that I must not give false information about myself or my household members. This includes: 1. Making false or misleading statements. 2. Misrepresenting or withholding facts. 3. Acting in any way intended to mislead, misrepresent, or withhold information.
	I understand that if I, or any member of my household (with my knowledge), intentionally gives false information to become eligible for Emergency Assistance (EA), I can be denied EA payments.
	I understand that if false information is intentionally provided: • First offense – EA eligibility denied for <b>6 months</b> . • Second offense – EA eligibility denied for <b>12 months</b> . • Third offense – EA eligibility denied <b>permanently</b> . I also understand that I may be prosecuted for fraud and must repay any EA payments received by mistake.
	I agree to provide documents to verify my statements when requested. I understand the TBHD may contact other persons or organizations to confirm my eligibility and benefit level.
	I am a member of the Tunica-Biloxi Tribe.
	I understand the emergency I am applying for cannot be caused by refusing employment or training for employment without good cause.
	I understand that if I disagree with the TBHD's decision on my Emergency Assistance Application, I may request a <b>Fact-Finding Review</b> in writing or by phone within <b>45 calendar days</b> of the decision date.
	I authorize the TBHD to request and receive any information necessary for the proper administration of the Emergency Assistance Program. This includes information from the IRS, SSA, Unemployment Insurance Division, Department of Transportation, financial institutions, credit reporting agencies, employers, or educational institutions.

### Assistance Acknowledgment

I understand and acknowledge that assistance has been provided through the **Tunica-Biloxi Housing Department (TBHD)** under a federally funded housing program. This assistance supports safe, stable, and affordable housing for eligible Tribal members.

By signing below, I acknowledge and agree to the following:

1. **Restriction on Sale or Transfer**

I understand that I may not sell, transfer, or give away the assisted home, or any interest in it, without prior written approval from the TBHD and/or Tribal Administration.

2. **Recapture of Assistance**

If I sell, transfer, or give away the home within a **five (5) year period**, I may be required to repay all or part of the assistance provided.

3. **Continued Occupancy Requirement**

I understand that the home must be used as my **primary residence** unless otherwise approved in writing by the Housing Department.

4. **Acknowledgment of Understanding**

I have read and fully understand **all** the above terms. I agree to comply with all applicable Housing Department policies and to notify the Department in writing before making any changes to ownership or occupancy of the assisted home.

---

**Applicant/Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Housing Department Staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Additional Information for the Emergency Assistance (EA) Application

**Completing the EA Application:** You have the right to complete and sign the EA Application on the same day that you request EA. The TBHD will determine whether you are eligible for EA. If you are eligible for EA, the TBHD usually will issue payment within five working days of the date you sign the Application.

Complete the application to the best of your ability. The remaining application questions will be completed by a TBHD staff person with information that you provide. When the completes the application with you, be sure to review the information with the staff person when it has been completed.

The TBHD will meet with you in-person. When you come to the TBHD, be sure to bring all documents that show relevant information for all Application items such as:

- Social security number (SSN) card;
- Pay stubs and other income documents;
- Layoff notice;
- Termination notice;
- Job quit notice (and reason for job quit);
- Eviction notice; Mortgage foreclosure notice;
- Notice to vacate property; and
- Other relevant documents.

**Financial Eligibility:** The TBHD will determine financial eligibility based on your income and assets. Your income must be at or below 80 % of the Area Median Income (AMI).

**Financial Need:** Emergency Assistance may help to pay for certain expenses up to the Maximum Payment Amount.

- Impending Homelessness: Unpaid rent/mortgage, first month's rent, security deposit, late fees, court costs.
- Homelessness: First month's rent, security deposit, necessary household items.
- Fire, Flood, Natural Disaster: Temporary housing, first month's rent, security deposit, clothing, food, medical care, transportation, necessary household appliances and household items, necessary home repairs.
- Energy Crisis: Home heating, electricity, water

**Fact Finding Review:** You have the right to use the Fact Finding Review process as a way to resolve disputes. You may request a Fact Finding Review if (1) the TBHD does not take action on the EA Application within a reasonable amount of time, or (2) the EA Application was denied, (3) The EA Payment amount was modified or cancelled, or (4) you believe the payment amount was not calculated correctly. The Fact Finding Review request must be made within 45 days of the action that is in dispute.