



**LITTLE SHELL TRIBAL HOUSING DEPARTMENT
EMERGENCY RENTAL ASSISTANCE**

LST HOUSING ONLY

DATE RECEIVED:

RECEIVED BY:

PROGRAM SUMMARY

The Little Shell Tribal Council has established the Emergency Rental Assistance Program (“ERA”) to provide financial assistance and housing stability services to eligible low-income households living in rental unites nationwide. The Little Shell Tribal Housing Department (“Housing Department”) may provide financial assistance payments for rent (including rental of a mobile home, mobile home rental space, and rent-to-own agreements); rental arrears (past due rental invoices); utilities and home energy costs (such as electricity, gas, water and sewer, trash removal and fuel oil); utilities and home energy arrears (past due utility bills); and other expenses related to housing incurred due, directly or indirectly, to COVID-19 (such as relocation expenses, rental fees, internet services, or hotel costs).

Under federal law and guidance, the Housing Department will generally disburse ERA funding directly to the landlord or utility/energy provider. The Housing Department will prioritize funding assistance to those meeting very low (50%) income limits and/or those with households that have an individual that has been unemployed for the past 90 days. The Housing Department will also prioritize applicants with past due rent or utility bills. Assistance for future rent and utilities will limited to three months with the possibility of additional months based on funding availability.

The Housing Department has implemented ERA policies and procedures that provide strict parameters on eligibility to ensure the ERA complies with all applicable legal and federal requirements. The requirements in this application reflect both tribal and federal requirements.

Application Guidelines

The Housing Department encourages each applicant to first read the “*Program Eligibility Pre-Check*” on page 2 to see if the applicant meets the ERA eligibility requirements before proceeding with the entire application. Please read each page and instructions very carefully. If you are required to provide a required document for a section, you will see this symbol “▲”. Prior to submitting the application, ensure that all required documents are attached. Each applicant must sign and date the application (on page 9) certifying that the information is accurate and that the applicant has not received duplicative federal, state, local or tribal assistance.

Application Deadline and Submission

ERA funding will be granted on a rolling basis. According to federal law and guidance, funds are available until September 30, 2022. However, the Housing Department may expend all funds before this deadline and the Housing Department encourages all applicants to submit their applications as quickly as possible.

Submission by E-Mail to: LittleShellHousing@lstribe.org

Submission by Mail or Hand Delivered to:

LST Tribal Government Building
511 Central Avenue West
Great Falls, MT 59404

Submission by Fax to: (406) 315-2401.

Questions

For all questions, please email LittleShellHousing@lstribe.org or call (406) 315-2400. The Housing Department is scheduling in-person consultations to provide help on the application ***by appointment only***.



**LITTLE SHELL TRIBAL HOUSING DEPARTMENT
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PROGRAM ELIGIBILITY PRE-CHECK**

This page is the ERA Eligibility Pre-Check and it provides applicants with a quick reference to determine eligibility. As mandated under tribal and federal guidelines, each applicant must meet the below criteria.

- 1) **Tribal Enrollment** – The applicant must be a currently enrolled Little Shell Tribal Member and be eighteen (18) years of age or older. A parent, custodial parent, or guardian of a minor Little Shell Tribal Member may apply for ERA if the applicant can provide documentation, such as a birth certificate and/or court documents, that the minor is in the care of the applicant.
- 2) **Residency Requirements** – Applicants must live in rental units located in the United States.
- 3) **Financial Hardships** – To qualify for ERA, the applicant must be able to truthfully answer “YES” to one of the following questions:

- Have one or more individuals in your Household qualified for unemployment benefits on or after March 13, 2020?

_____ YES or _____ NO

- Have one or more individuals in your Household experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic?

_____ YES or _____ NO

IF YOU ANSWERED “NO” TO BOTH QUESTIONS ABOVE, YOU DO NOT QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM.

- 4) **Homelessness or Housing Instability** – To qualify for ERA, one or more individuals in the applicant’s Household must demonstrate a risk of experiencing homelessness or housing instability by having one of the following (check all that apply):

- _____ Past due utility bill(s), past due rent notice(s) or eviction notice(s);
- _____ Unsafe or unhealthy living conditions; *or*
- _____ Other risk of homelessness or housing instability.

IF YOU CANNOT CHECK ONE OF THE ABOVE, YOU DO NOT QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM.

- 5) **Household Income** – To qualify for ERA, the applicant’s Household must have a total adjusted income that is less than 80% of the area median income. Please see the below chart to determine if your Household meets the income limits.

Fiscal Year 2020 80% Income Limits for a Household							
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$ 43,960.00	\$ 50,240.00	\$ 56,520.00	\$ 62,800.00	\$ 67,824.00	\$ 72,848.00	\$ 77,872.00	\$ 82,896.00

IF YOUR HOUSEHOLD INCOME EXCEEDS THE LIMITS AS DESCRIBED ABOVE, YOU DO NOT QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM.



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Applicant Information

Name: _____

First
Middle
Last

Mailing Address: _____

Street Address
City
State
Zip

Phone Number: _____ E-Mail Address: _____

Gender: _____ Race/Ethnicity: _____

Household Composition*

Household Member Name	Relation to Applicant	Date of Birth	Age	Little Shell Tribal Enrollment Number**
1.	(Self)			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*If your Household has more individuals, please attach an additional page with their information.

If applicant is not a Little Shell Tribal Member but is a parent or guardian of a Little Shell Tribal Member Minor(s) (under the age of eighteen), the applicant must provide the **LST minor(s) full name, date of birth, and Little Shell tribal enrollment number in the table above. ▲ The parent/guardian must provide a birth certificate and/or court documents to prove that the LST minor is in his/her care.



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DEMONSTRATION OF FINANCIAL HARDSHIP

To qualify for ERA, you must answer “YES” to one of the following questions:

- Have one or more individuals in your Household qualified for unemployment benefits on or after March 13, 2020?

____ YES or ____ NO

→ If yes, please state the (1) individual’s name, (2) the date that the individual became unemployed, and (3) the length of unemployment:

→ ▲ If available, please provide any documentation regarding the household member’s qualification for unemployment benefits.

- Have one or more individuals in your Household experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic?

____ YES or ____ NO

→ If yes, please state how the individual(s) have experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic:

IF YOU DID NOT ANSWER “YES” TO ONE OF THE QUESTIONS ABOVE, YOU DO NOT QUALIFY FOR THIS ASSISTANCE UNDER THIS PROGRAM.



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DEMONSTRATION OF HOMELESSNESS OR HOUSING INSTABILITY

To qualify for LST ERA, you must answer “YES” to one of the following questions verifying that one or more individuals in your Household demonstrates a risk of experiencing homelessness or housing instability.

- Do you have a past due rent notice, past due utility bill, or an eviction notice?

_____ YES or _____ NO

→ ▲ If yes, you must provide a copy of the past due bill or eviction.

- Are you living in an unsafe or unhealthy living conditions?

_____ YES or _____ NO

→ If yes, please describe how you are living in an unsafe or unhealthy living conditions:

→ ▲ If yes, you must provide evidence that demonstrates unsafe or unhealthy living conditions such as photographs of conditions of residence, documentation of formal complaints to landlord, etc.

- Are you at risk of homelessness or housing instability?

_____ YES or _____ NO

→ If yes, please describe how you are at risk of homelessness or housing instability:

→ ▲ If yes, you must provide evidence that demonstrates your risk of homelessness or housing instability such as written letters for a caseworker or landlord.

IF YOU DID NOT ANSWER “YES” TO ONE OF THE QUESTIONS ABOVE, YOU DO NOT QUALIFY FOR THIS ASSISTANCE UNDER THIS PROGRAM.



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DEMONSTRATION OF HOUSEHOLD INCOME

To qualify for ERA, your household must have a total income that is less than 80% of the area median income (*see income limits chart on page 2*). Depending on your income situation, you may provide your household’s 2020 annual income or your household’s current monthly income. If using your current monthly income, the total current monthly income will be multiplied by twelve to represent your annual income.

- ▲ You must provide documentation supporting the determination of income, such as paystubs, W-2s or other wage statements, tax filings, bank statements showing regular income, or a statement from an employer.
- If you are unable to provide any documentation, please state the reasons for the lack of documentation such as extenuating circumstances related to the pandemic, a disability, or a lack of technological access:

Household Income

Each applicant must fill out the chart below describing each individual Household member’s income. If the individual is unemployed or self-employed, note it in the “Employer” section.

Household Member Name	Employer	Current Monthly Income	2020 Annual Income
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
Total Household Income		\$	\$

Household Income Deductions

The Housing Department will calculate all adjustments based on the below responses.

In your Household, how many individuals are full-time students?	
In your Household, how many individuals have a disability?	
How much does the household spend per month on childcare expenses?	\$
How much does the household spend per month in medical expenses or attendant care for an elderly or disabled household member?	\$
How much does the household spend on travel expenses per week for employment or education-related travel?	\$



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FUNDING ASSISTANCE

Applicant is requesting ERA funding assistance for (check all that apply):

- Rent (including rental of a mobile home, mobile home rental space, and rent-to-own agreements).
- Rental Arrears (past due rental invoices that were accrued no earlier than March 13, 2020)
- Utilities and Home Energy Costs (electricity, gas, water and sewer, trash removal and fuel oil).
- Utilities and Home Energy Arrears (past due utility bills accrued no earlier than March 13, 2020).
- Expenses related to housing incurred due, directly or indirectly, to COVID-19 (check all that apply):
 - Relocation Expenses
 - Rental fees including rental security deposits or screening
 - Reasonable Accrued Late Fees
 - Internet Service
 - Hotel or Motel Costs

For each type of assistance that you are requesting, you must provide the required category information and documents as listed below. Only fill out the information that you are requesting assistance for, i.e., if you are not requesting assistance for utilities, you do not need to fill out that section.

Rental and/or Rental Arrears Assistance

Address of Rental Unit:

_____ Street Address _____ City _____ State _____ Zip

What is your current total monthly rent amount? \$_____

Are you requesting assistance for past due rental bills? If yes, please provide the amount of past due rent owed for each month in the chart below:

March 2020: \$ _____	April 2020: \$ _____	May 2020: \$ _____	June 2020: \$ _____
July 2020: \$ _____	Aug. 2020: \$ _____	Sept. 2020: \$ _____	Oct. 2020: \$ _____
Nov. 2020: \$ _____	Dec. 2020: \$ _____	Jan. 2021: \$ _____	Feb. 2021: \$ _____
March 2021: \$ _____	April 2021: \$ _____	May 2021: \$ _____	June 2021: \$ _____
July 2021: \$ _____	Aug. 2021: \$ _____	Sept. 2021: \$ _____	Oct. 2021 \$ _____
Nov. 2021 \$ _____	Dec. 2021 \$ _____		

Landlord Name: _____

Landlord Address: _____

Landlord Tax ID Number, DUNS Number, or Social Security Number: _____

Landlord Phone Number _____ Landlord E-Mail _____

Required Documents

- **▲** Applicants must provide a current lease that details the address of the rental unit, monthly rent amount, and the lease must be signed by the applicant and landlord. Applicants with “rent-to-own” agreements must provide the agreement.
- **▲** If the applicant does not have a lease, please provide any documents that shows a pattern of paying rent including bank statements, paying of utility bills, or a letter from the landlord or the owner of the unit.



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Utility and Home Energy Costs and/or Arrears Assistance

Applicants may request assistance to for utilities and home energy costs and/or arrears. Please fill out the information for each utility company. Provide an additional page if you have more utilities.

Required Documents

- ▲ Utility bills or invoices for each utility or home energy cost and/or arrears including past due bills.
- ▲ If the applicant does not have the utility bill, the applicant may provide other documentation that includes the applicant’s bank statements, check stubs, or other documentation that reasonably establishes the applicant’s pattern of paying utilities.

Utility Information

Utility Company Name: _____

Utility Company Address: _____

Utility Company Tax ID Number or DUNS Number: _____

Utility Company Phone Number _____ Utility Company E-Mail _____

Applicant’s Utility Account Number: _____

Estimated Monthly Bill: \$ _____

Are you requesting assistance for past due utility bills? If yes, please provide the amount of past due bills owed for each month starting March 13, 2020: _____

Utility Company Name: _____

Utility Company Address: _____

Utility Company Tax ID Number or DUNS Number: _____

Utility Company Phone Number _____ Utility Company E-Mail _____

Applicant’s Utility Account Number: _____

Estimated Monthly Bill: \$ _____

Are you requesting assistance for past due utility bills? If yes, please provide the amount of past due bills owed for each month starting March 13, 2020: _____



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FUNDING ASSISTANCE

Expenses Related to Housing Incurred Due, Directly or Indirectly, to COVID-19

Applicants may request assistance for expenses related to housing and incurred, directly or indirectly, because of COVID-19. Please check all the expenses you are applying for:

- Relocation Expenses
- Rental fees including rental security deposits or screening
- Reasonable Accrued Late Fees
- Internet Service
- Hotel or Motel Costs

→ For each expense you are requesting assistance, please describe how the expense was incurred, directly or indirectly, due to COVID-19. If you are requesting assistance for Internet service, you must provide if the Internet service will all for the Household to engage in distance learning, telework, obtain telemedicine or access government services. Add additional page if you need more space.

→ ▲ For each expense, the Applicant must provide documentary evidence such as a bill, invoice, or evidence of the applicant's payment for the service or cost such as the applicant's bank statements or check stubs.

**CERTIFICATION OF APPLICATION
REQUIRED**

I, _____ (Print Name), certify that all written attestations and information provided is accurate and complete. If I receive a direct grant payment for a qualified expenditure, I confirm that the grant will be used for that expenditure. I further certify that no one in my household, including myself, has received duplicative federal, state, local, or tribal funding for the assistance that I am requesting. I acknowledge that giving false information is grounds for penalties including the denial of my application and the reimbursement of any funds obtained through deception.

Signature of Applicant

Date