



LITTLE SHELL TRIBAL HOUSING DEPARTMENT
Emergency Rental Assistance – Second Round Application

LST HOUSING ONLY
RECEIVED BY:
DATE RECEIVED:

APPLICATION

Application Deadline and Submission

The Little Shell Emergency Rental Assistance Program (“ERAP”) is providing a second round of assistance to tribal members that have previously received ERAP assistance. Only those applying for a second round of assistance may use this application. DEADLINE: All applications must be received by 5pm on September 9, 2022.

Mail or Hand Deliver to:
LST Tribal Housing Department
511 Central Avenue West
Great Falls, MT 59404

E-Mail: LittleShellHousing@lstribes.org
Fax: (406) 315-2401

Questions? Please email LittleShellHousing@lstribes.org or call (406) 315-2400.

Applicant Information

Name: First Middle Last
Physical Address: Street Address City State Zip County
Mailing Address: Address City State Zip
Phone Number: E-Mail Address:

Demonstration of Financial Hardship

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

- Is one or more individuals in your Household currently qualified for unemployment benefits?
\_\_\_ NO or \_\_\_ YES
Is one or more individuals in your Household currently experiencing a reduction in income, incurred significant costs, or experienced other financial hardship due to the COVID-19 pandemic?
\_\_\_ No or \_\_\_ YES

Demonstration of Homelessness or Housing Instability

To qualify for ERA, one or more individuals in the applicant’s Household must demonstrate a current 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.



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**Changes to Household Composition and Household Income**

Since your first application for Little Shell Emergency Rental Assistance, are there any changes to who is living in your household?

\_\_\_\_ NO or \_\_\_\_ Yes: If yes, please provide the changes: \_\_\_\_\_  
\_\_\_\_\_

Since your first application, has your household income changed (ex: loss of job or new job)?

\_\_\_\_ NO or \_\_\_\_ Yes: If yes, please provide the changes: \_\_\_\_\_  
\_\_\_\_\_

**\*\*All applicants must attach most recent paystubs, W-2, 1040 tax filing, unemployment or federal benefits statement for ALL household members 18 years of age and older\*\***

**Funding Assistance Request**

**Rental Assistance**

What is your current total monthly amount due? \$ \_\_\_\_\_

Do you have past due payments? \_\_\_\_ No \_\_\_\_ Yes: If yes specify how much is past due: \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_ Landlord E-Mail \_\_\_\_\_

**Utility and Internet Assistance**

Utility/Internet Company Name	Company Address	Applicant's Account Number	Current Amount Due

**CERTIFICATION OF APPLICATION**

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**