



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@lstribe.org
Fax: (406) 315-2401

Questions? Please email LittleShellHousing@lstribe.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.



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

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: _____

****Any changes to your household composition or household income will require additional documentation****

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