

QUARTZ VALLEY INDIAN RESERVATION (QVIR)
EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

APPLICATION RECEIVED: Date: _____; **Time:** _____

[Check one box] First Application for assistance Subsequent Application for additional 3 months of assistance.

1. APPLICANT [only required if different from prior application]

Applicant is [check one box]

Landlord

Utility company

Eligible Household

Name of Applicant: _____

Name of Tenant, if not the applicant: _____

Names of household members: _____

Address of rental unit: _____
Street address City Zip Code

Address of Applicant, if different from rental unit address:

Street address City Zip Code

Applicant Phone: _____

Applicant Email: _____

2. HOUSEHOLD INCOME

A. What is the total household income? _____ [A household is eligible for assistance if its total income is equal to or less than 80% of median income in the county. The applicant is entitled to a priority if income equal to or less than 50% of median income.]

B. For each household member with income, you can choose either a or b below.

a. Is the income you report for the 2020 calendar year? Yes No

If “Yes” checked, attach copies of documents substantiating amount, such as wage statement, interest statement, unemployment compensation statement, or Internal Revenue Service (IRS) Form 1040).

- b. Is the income you report the household’s monthly income at the time of application?
Yes No.

If “Yes” checked, attach copies of documents substantiating monthly household income for the two months prior to the month of application, such as wage statement, interest statement, unemployment compensation statement.

3. ELIGIBILITY AND PRIORITY OF APPLICATION

- A. Is the household a tenant or homebuyer in housing administered by the Authority?

Yes No.

- B. Is the household eligible for housing administered by the Authority? Yes No.

- C. Does the household contain one or more QVIR Tribal members?

- D. Do one or more household members qualify for unemployment insurance benefits?

Yes No

If “Yes” checked, name(s) of those members: _____ . Attach copy of documents from Employment Development Department or other document confirming such qualification.

- E. Has household income been reduced, household costs significantly increased or other financial hardship resulted due to COVID-19?

Yes No

If “Yes” checked, describe how COVID-19 has reduced household income, increased household costs or caused other financial hardship: _____

(attach additional sheets, if necessary)

- F. Has the household received a written notice to pay or quit for nonpayment of rent or other notice of rental delinquency from the landlord?

Yes No

If “Yes” checked, attach copies of the notice or notices.

G. Has one or more household members been unemployed as of the date of application and for the 90-day period preceding such date? Yes No. If “Yes” checked, name the household member or members: _____.

H. Has one or more household members been unable to reach their place of employment or was their place of employment closed because of a public health order imposed as a direct result of s COVID-19 public health emergency? Yes No. If “Yes” checked, name the household member or members and explain: _____

I. Other than a threat of eviction is the household at risk of experiencing homelessness or housing instability?

Yes No

If “Yes” checked, explain: _____

4. ASSISTANCE SOUGHT

A. RENT

Back rent

Ongoing rent

For each box checked provide the following information:

Months included:

Back rent: _____

On-going rent sought (not more than 3 months): _____

COMBINATION OF BACK RENT AND ONGOING RENT CAN’T EXCEED 12 MONTHS.

Monthly rent: _____ Total Amount of Back rent sought: _____

Total Amount of On-going rent sought: _____

Total assistance sought: _____

B. UTILITIES [exclude telecommunication services (telephone, cable, internet)]

Past due payments for utilities

Payment for current and future utility service

For each box checked provide the following information:

Months included:

Past due and unpaid utility bills: _____

Future monthly bills for utilities (not more than for 3 months):

COMBINATION OF PAST DUE AND ONGOING UTILITY BILLS CANNOT EXCEED 12 MONTHS

Total Amount of past-due bills for utilities sought: _____ [Attach copies of utility bills]

Total Amount sought for estimated future utility charges: _____

Total utility assistance sought: _____

C. DOES THIS APPLICATION SEEK A 3 MONTH EXTENSION TO 12 MONTHS OF ASSISTANCE ALREADY AWARDED TO THE HOUSEHOLD, SUBJECT TO THE AVAILABILITY OF EMERGENCY RENTAL ASSISTANCE FUNDING?

Yes No.

If “Yes” checked:

1. Has there been any change to the answers you have provided in your initial application for assistance or in an application for any 3-month extension of assistance with the payment of on-going rent or utilities? Yes No. If you checked “Yes,” please describe those changes:

IF APPLICATION FILED BY LANDLORD OR UTILITY PROVIDER:

The undersigned is submitting this application on behalf of the eligible household identified herein with the prior consent of the utility customer. The applicant is willing to accept payment of rent or utilities funded by Emergency Rental Assistance directly from the Authority. The information contained in this application was derived from the records of the landlord or utility and from the members of the applicant household. To the best of my knowledge and belief the information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I have provided the head of the household with a copy of this application.

Dated: Applicant: _____

By: _____

Signature: _____

IF APPLICATION FILED BY HEAD OF HOUSEHOLD:

The undersigned is submitting this application as the head of and on behalf of the eligible household identified herein. To the best of my knowledge and belief the information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I understand that the Authority is relying on the information contained in this application. If any such information is untrue or misleading, the Authority can rescind the approval of the emergency rental assistance and recover from me and any other adult members of the household any funds provided in reliance upon this application.

[Check one of the two boxes below]

Attached hereto is written consent from the utility or utility companies and/or my landlord to receive payment directly from the Authority.

The utility or landlord to which payment of emergency rental assistance will be made was not willing to provide written consent to receive payments directly from the Authority. I understand and agree that I must provide written evidence acceptable to the Authority that funds disbursed were received and accepted by the utility or landlord before any additional funds are released to me to make subsequent payments.

Dated: _____ Signature: _____

Print or Type name: _____

Please email your application to: Finance@qvir-nsn.gov

OR

Mail it to: QVIR Rental Assistance, 13601 Quartz Valley Road, Fort Jones, CA 96032

OR

Fax it to 530-468-5908