Emergency Rental Assistance Program

P.O. Box 603 Pine Ridge, SD 57770
4 Suanne Center Drive
Phone: 605-867-5161 Fax: 605-867-1095

Assistance Application Form

1. HEAD OF HOUSEHOLD:

Name: _____

Are you a Veteran? Yes _____ No _____

2. CONTACT INFORMATION:

Street Address: _____

City/District: _____

Phone: _____ Email: _____

3. HOUSEHOLD INFORMATION:

How many people live in the household? _____

Number of residents under 18 years old: _____ residents over 50 years old_____

Number of bedrooms in house: _____

4. HOUSEHOLD INCOME:

Include type of income (wage, commission, pension/retirement, unemployment, SSI, TANF, EBT, Other) and total yearly earnings of each individual:

_____

_____

_____

_____

_____

Total household annual income: $ _____

5. RENTAL INFORMATION: (Eligible dates: March 2020 – December 31, 2021

Monthly rental amount: _____ (Must provide proof of rent)

Do you owe back rent? Yes _____ Total rent owed: _____

No _____

Landlords name: _____

Landlords Street Address: _____

Landlords City/District: _____ Zip code: _____

Landlords Phone: _____

Are Utilities included in rent? Yes _____ No _____, if yes, skip to section 7

6. UTILITY INFORMATION

(Utilities include: electricity/energy, propane, fuel oil, wood, trash removal) Please attach bill?

Do you owe utility payments? Yes _____ Total owed: _____

No _____

Utility company owed: _____

Do you receive utility assistance? Yes _____ No _____ if yes, how much/what utilities? _____

Propane: _____ Company _____

Trash: _____ Company _____

Wood _____

7. CERTIFICATION

- I/We certify that all information furnished in this application for Emergency Rental Assistance is true and complete to the best of my/our knowledge.
- I/We certify that our household is not receiving any other government-funded rental assistance.
- I/We certify that our household does not have access to other resources sufficient to cover the rent and/or utilities.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We understand that landlord participation in this program is required.
- I/We understand than ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application and rental assistance.

Applicants signature: _____ Date: _____

Submit the completed application via email to gene.tyon@oslh.org or drop it off at the district OSLH maintenance office.