



# 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 \_\_\_

Tribal Affiliation \_\_\_\_\_

Enrollment number \_\_\_\_\_

### 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 13, 2020 – December 31, 2021)

Monthly rental amount: \_\_\_\_\_ (attach proof of rent)

Do you owe back rent? Yes \_\_\_ No \_\_\_ Total rent owed: \_\_\_\_\_ OSLH Unit # \_\_\_\_\_

Are you receiving financial assistance from any other source? Yes \_\_\_ No \_\_\_

If yes, what source? \_\_\_\_\_

Landlords name: \_\_\_\_\_

Landlords Street Address: \_\_\_\_\_

Landlords City/District: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Landlords Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_ / DUNS # \_\_\_\_\_

Are Utilities included in rent? Yes \_\_\_ No \_\_\_

**6. UTILITY INFORMATION:**

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

Do you owe utility payments? Yes \_\_\_ No \_\_\_ Total owed: \_\_\_\_\_

Utility company owed: \_\_\_\_\_

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

**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 that 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 Carrie Rowland at [carrie@oslh.org](mailto:carrie@oslh.org) or drop it off at the district OSLH maintenance office.**