



## Emergency Rental Assistance Program

P.O. Box 603 Pine Ridge, SD 57770  
4 Suanne Center  
Phone: 605-867-6348  
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Rapid City SD 57701  
Phone: 605-791-0197  
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### 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: \_\_\_\_\_

Revised 4/27/2021/2021 jsb

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

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

Landlords Phone: \_(\_\_\_\_)\_\_\_\_\_

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? \_\_\_\_\_

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**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.
- I certify that the information I provided abides to OST Ordinance 20-18 Shelter-in-Place

**Applicants signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_