



Emergency Rental Assistance Program

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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 _____ Home District _____

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 8/12/2021 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? _____

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:** _____