



CROW CREEK HOUSING AUTHORITY

P.O. Box 19 • Fort Thompson, SD 57339
Phone (605) 245-2250 • Fax (605) 245-2247

COVID-19 EMERGENCY RENTAL ASSISTANCE 3 MONTH RECERTIFICATION

APPLICATION

APPLICANT INFORMATION

APPLICANT NAME: _____ DATE: _____

DATE OF BIRTH: _____ SSN: _____

TRIBE (IF APPLICABLE): _____ TRIBAL ENROLLMENT # _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

FINANCIAL HARDSHIP

1. Do you or any individual in your household qualify for unemployment benefits?
Yes _____ No _____
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 Pandemic? (Check all that apply)
 - ☐ A Reduction in household income
 - ☐ Loss of Employment/ Temporary Layoff/or Furlough
 - ☐ Reduction in pay/hours
 - ☐ Unable to work or experiencing financial hardship due to no childcare/school.
 - ☐ Underlying medical condition requiring staying home to prevent exposure.
 - ☐ Loss of self-employment/ business income
 - ☐ Incurred significant cost (medical bills, medication costs, etc.)
 - ☐ Other financial hardship; list: _____



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CURRENT AND PROSPECTIVE RENT AND UTILITY COSTS

Do you expect to be unable to pay your Current Rent or Current Utility Costs payment in the future months? (Check all that apply)

If you check any of the boxes below. Attach supporting documentation for each Current Rent or Current Utility Costs payments, if available (rental lease, documents showing rent or utility costs)

- ☐ **Current Rent Payment due (rent payment that is due and owing but not yet in arrears)**

Amount Due \$ _____

Date Due \$ _____

Landlord Name _____ Phone # _____

Mailing Address _____ City _____

State: _____ Zip _____ Email _____

- ☐ **Current Utility Costs Payments Due (Utility Costs that are currently due and owing but not yet in arrears)**

Type of Utility _____ Amount\$ _____ Due Date _____

Utility Provider _____ Phone Number _____

Billing Address _____ City _____

State _____ Zip _____

Type of Utility _____ Amount\$ _____ Due Date _____

Utility Provider _____ Phone Number _____

Billing Address _____ City _____

State _____ Zip _____

Type of Utility _____ Amount\$ _____ Due Date _____

Utility Provider _____ Phone Number _____

Billing Address _____ City _____

State _____ Zip _____

Internet Service (for the purpose of engaging in distance learning, telework, and telemedicine and for obtaining government services)

Amount _____ Due Date _____

Provider _____

Provider Address _____ Phone _____



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APPLICANT ACKNOWLEDGMENT AND ATTESTATION

I Understand that I am required to update my application whenever any of the information provided in my application changes.

By my signature below, I **HEREBY ATTEST** that all the foregoing information attached documentation is true and correct. I understand providing false statements, false information, any misleading statements or information, or I fail to notify CCHA of changes to my household eligibility, will be ground for denial of the application or, if assistance has already been granted, repayment of funds granted, and may be grounds civil or criminal prosecution if CCHA determines it is appropriate to do so.

Applicant Signature

Date

PLEASE SUBMIT THE FOLLOWING ALONG WITH YOUR APPLICATION:

- ☐ **UPDATED PAY STUBS IF INCOME CHANGED (IF ZERO INCOME PLEASE SIGN AND ATTACH THE ZERO INCOME FORM ALONG WITH YOUR APPLICATION)**
- ☐ **UPDATED ATTESTATION OF ECONOMIC HARDSHIP FORM**
- ☐ **UTILITY BILLS SHOWING CURRENT UTILITY COSTS DUE**
- ☐ **IF YOUR RENTAL CHARGE HAS CHANGED, PLEASE ALSO ATTACH VERIFICATION FROM LANDLORD**

OFFICIAL USE ONLY:

APPLICATION RECEIVED BY CCHA: _____

LAST DATE OF ASSISTANCE RECIEVED: _____

APPROVED OR DENIED: _____



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CROW CREEK HOUSING AUTHORITY COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Attestation of Economic Hardship

In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced one or more of the following in the time period of March 13, 2020 to the date of application (Check all that apply):

- ☐ a reduction in household income due directly or indirectly to the COVID-19 pandemic; or
- ☐ incurred significant costs due directly or indirectly to the COVID-19 pandemic; or
- ☐ experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Crow Creek Housing Authority of any significant changes to our household income or financial status because I understand that those changes could impact my eligibility for the ERA Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature

Date: _____



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EMERGENCY RENTAL ASSISTANCE

I _____, certify that the following information is true and correct.

-I am currently unemployed and/or not receiving any income at the time of hear said application.

-If at any time I receive income or become employed, I will report to the Emergency Rental Assistance Program

Sign and Date