



The Department of Community Housing Emergency Rental Assistance Program (ERAP)



The Emergency Rental Assistance Program (ERAP) makes available funding to assist households that are unable to pay **rent** and/or utilities due to the COVID-19 pandemic.

Eligibility qualification:

An “eligible household” is defined as a **renter** household in which at least one or more individuals meets the following criteria:

- Qualifies for unemployment **or** has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- Demonstrates a risk of experiencing homelessness or housing instability; **and**
- Has a household income at or below 80 percent of the area median.

Family Households are ELIGIBLE at the 80% of (HUD) Area Median Income Level (AMI):

Income Limits Are Subject to Change

FY - 2020	United States Median Family Income Limits under the NAHASDA Act of 1996							
HH Size	1	2	3	4	5	6	7	8
80%	\$43,960	\$50,240	\$56,520	\$62,800	\$67,824	\$72,848	\$77,872	\$82,896

COMPLETE APPLICATION REQUIRES

- A. Application signed (power of attorney for Head of Household can be accepted; for applicant who is limited in response due to hospitalization or inpatient at a long term care facility)
- B. Letter of hardship from applicant or employer detailing job loss or reduction of hours
- C. Household income verified for all adults over the age of 18, examples such as 2019 tax returns; 2020 W2; last three months' paycheck stub; and completed GRIC packet information. Which must have a total household income under 80% of the area median income.
- D. Copies of utility bills or Disconnect Notice or Past Due Notice, detailing amount owed
- E. Copy of Lease or Rent Agreement
- F. Eviction Notice or Past Due Notice, detailing amount owed; information must note landlord TIN or social security number.
- G. An original W-9 Form completed by the Landlord/Owner, applicant verify with landlord willingness to accept payment from GRIC;
- H. Past Due utility (gas, water, electricity, propane) notices or Disconnect notices.
- I. Arizona Driver's License, State ID or Tribal I.D. cards for all members 18 years and older;
- J. Social Security Cards for all household members
- K. Birth Certificates for all members under 18 years; Proof of Guardianship, Power of Attorney and/or other legal documents establishing custody arrangements for minors;
- L. **MUST MEET INCOME RESTRICTION** with all household income considered, using most recent employment check stubs, Public Assistance (AFDC, GA, etc.), SSI, Social Security Retirement, Survivors Benefits, PER Capita payments, self-employment, unemployment

For questions or for more information please contact

Phone Number: (520) 562-3904

E-mail: DCH.Housing.Services@gric.nsn.us



The Department of Community Housing Emergency Rental Assistance Program (ERAP)



compensation, unemployment form, Veterans Administration. Service member's income and/or employment verification forms, etc.

- M. Food Stamps and education assistance are not considered income.
- N. Deduction to income can be applied, such as childcare, Indian Travel, medical expense SSI, but not limited. Applications will be considered by case to case basis.
- O. Signed 'Release of Authorization' form by all members 18 years and older for children over the age of 18 and who are still in school.
- P. DCH may request additional documentation to verify application information.

For questions or for more information please contact
Phone Number: (520) 562-3904
E-mail: DCH.Housing.Services@gric.nsn.us



GILA RIVER INDIAN COMMUNITY

DEPARTMENT OF COMMUNITY HOUSING



Emergency Rental Assistance Program: Check-Off List

Name: _____

Submission Date: _____

Time: _____

	Recvd	Pending	Description	
1			Application	_____
2			Applicant/Resident Certification	_____
3			Consent to Release Form (All Household Members over 18-yrs)	_____
4			ID's for all 18 yrs. & Over	_____
5			Birth Certificate / Guardianship Letter (17yrs and under)	_____
6			Social Security Cards (For All House Hold Members)	_____
7			Current CDIB for all members of the Household	_____
8			Proof of Marriage License	_____
9			Proof of Guardianship, Power of Attorney	_____
10			Pay-Stub (past 30-days)	_____
11			Per Cap Form or Ledger	_____
12			Verification of Income Form	_____
13			Unemployment Form	_____
14			DES/TSS Verification	_____

Must be filled out by each adult listed on the application. (If more than one adult you will need to make copies)

Comments:

Office Use Only:

1		Work Sheet (Excel)
2		Per Capita Verification
3		Income Verification
4		DES Verification
5		Tribal Social Services Verification

Submit Date	Initial	Complete Date	Initial

6		Denied
7		Approved
8		Letter to Tenant

Submit Date	Initial	Complete Date	Initial

GILA RIVER INDIAN COMMUNITY

DEPARTMENT OF COMMUNITY HOUSING

APPLICATION FOR EMERGENCY RENTAL ASSISTANCE PROGRAM

NAME _____ DATE: _____ TIME: _____

RENTAL ADDRESS: _____

TELEPHONE: HOME: _____ CELL: _____
WORK: _____ E-MAIL: _____

Have you ever lived in a HUD Assistant Home or receiving any other federal subsidy? ☐ Yes ☐ No
if Yes, When: _____ Where: _____

1. Family Composition

Persons who will move into unit.

Family Members	Relation	Birth Date	Age	Sex	S.S.N.	Race
1	H.O.H.					
2						
3						
4						
5						
6						
7						
8						
9						
10						

2. Source of Family Income: (must meet federal income at or below 80% of area median)

Family Member	Name of Business	Business Address	Estimated Yearly Income or Hourly Rate

Total Yearly Family Income.....\$ _____

3. Housing Conditions:

A. Landlord Name/Address / W-9: _____

B. Amount Due: _____

4. Utility Information: (only home energy costs; no internet, vehicle, insurance, telephone or cable)

Utility Company	Type of Utility	List Months Over Due	Amount Due

5. Total Housing _____ and / or Utility Due: _____



I understand that this is not a contract and does not bind either party. The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements herein.

Name of Applicant(s): _____ Date: _____
 _____ Date: _____

Interviewed by: _____ Date: _____

Title: _____

For Office Use Only	
Letter of Hardship Attached:	Notice of Disconnect:
Income Attached:	Past Due Notice:
Unemployment Letter Attached:	
Eviction Notice:	Total Points:
Eligible:	Ineligible REASON:

Eligible Funding		
\$ Arrears Rent:	\$ Future Rent:	# of Mo Approved:
\$ Arrears Utility 1:	\$ Future Utility 1:	# of Mo Approved:
\$ Arrears Utility 2:	\$ Future Utility 2:	# of Mo Approved:
\$ Arrears Utility 3:	\$ Future Utility 3:	# of Mo Approved:
Sub Total Arrears:	Sub Total Future:	
Total to Include future Allocation: \$		



GRIC - DEPARTMENT OF COMMUNITY HOUSING

P.O. Box 528, 136 South Main Street
Sacaton, Arizona 85147-0528

Phone: (520) 562-3904 Fax (520) 562-3927



APPLICANT/RESIDENT CERTIFICATION

I/We certify that the information given to the D.O.C.H. on household composition, income, net family, assets, citizenship status, allowances and deductions or any other information submitted is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590. (Within Washington, D.C. Metropolitan area, call 426-3500).

*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Resident Data Summary), a computer-generated facsimile of the form or on a magnetic tape.



GRIC - DEPARTMENT OF COMMUNITY HOUSING

P.O. Box 528, 136 South Main Street
Sacaton, Arizona 85147-0528

Phone: (520) 562-3904 Fax (520) 562-3927



CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **GRIC-DEPARTMENT OF COMMUNITY HOUSING** any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity & Marital Status; Employment, Income, and Assets; Residences and Rental Activity; Medical or Child Care Allowances and Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is **not** relevant to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords
- Past and Present Employers
- Veterans Administration
- Public Housing Agencies
- Welfare Agencies
- Retirement Systems
- Courts and Post Offices
- State Unemployment Agencies
- Banks and other Financial Institutions
- Schools and Colleges
- Social Security Administration
- Credit providers and Credit Bureaus
- Law Enforcement Agencies
- Medical and Child Care Providers
- Utility Companies
- Support and Alimony Providers

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

PRIVACY ACT NOTICE

Authority: The GRIC Department of Community Housing (DCH) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

Purpose: Your information is being collected by the GRIC Department of Community Housing (DCH) to determine your eligibility and to adequately determine the number of bedrooms needed based on your household composition and size.

Other Uses: To protect the Tribal Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information **will not** be otherwise disclosed or released outside of the Department of Community Housing (DCH), except as permitted or required by law.

Penalty: Applicants must provide **all** of the information requested by the Department of Community Housing (DCH), including all Social Security Numbers for you and all household members (ages six years and older). Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION SUPPLIED IS ACCURATE AND COMPLETE ON MY PREVIOUS RESIDENCY AND CURRENT HOUSEHOLD COMPOSITION.

Signature – Head of Household	Printed Name	Date
Signature – Co-Head	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date
Signature – Other Adult	Printed Name	Date



GILA RIVER INDIAN COMMUNITY

Department of Community Housing HOUSING SERVICES – Verification of Assistance



Arizona Department of Economic Security
Unemployment Insurance Program
P. O. Box 29225 #5895
Phoenix, AZ 85038-9225

Verification of Unemployment Income (please return completed form to address below)

Name: _____ **SSN:** _____ **DOB:** _____

The individual named above is an applicant/tenant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to Gila River Department of Community Housing.

Applicant / Tenant Signature: _____ Date: _____
(or see signed Authorization for the Release of Information)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Unemployment Income

Unemployment Award Amount: \$ _____ Per: Week / Month (Circle one)

Beginning Date of Payments: _____ Ending Date of Payments: _____

Is client eligible for an extension of benefits? _____ Yes _____ No

Date applicant/tenant first received benefits: _____

A print out may be attached.

Comments: _____

Date: _____ Title: _____ Phone: _____

Signature: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: _____ Initial _____ Annual _____ Interim _____ Occupancy Specialist _____

DOWNLOADED FILE – Revised 09-16-2020



GILA RIVER INDIAN COMMUNITY



Department of Community Housing HOUSING SERVICES – Verification of Employment

CURRENT EMPLOYER: _____

NAME: _____

ADDRESS: _____

EMPLOYERS NUMBER: _____

The individual named above is an applicant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. The person identified above has informed us that he/she has within the past 12 months been employed by your firm. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

Consent to Release Information

Department of Community Housing

Applicant Signature _____ Date _____
S.S # _____

Housing Services _____ Date _____

-DO NOT WRITE BELOW THE LINE-

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Hired: _____ **Occupation / Position:** _____

Current Pay Rate: \$ _____ **Per:** ☐ Hour / ☐ Day / ☐ Week / ☐ Month **Effective Date:** _____

Overtime Pay Rate: \$ _____ **Per:** ☐ Hour / ☐ Day / ☐ Week / ☐ Month

ENTER THE NUMBER OF HOURS WORKED DURING THE PAST TWELVE (12) MONTHS:

-Average Hours:-		-Overtime Hours:-	
------------------	--	-------------------	--

Per Day: _____ **Per Week:** _____ **Per Day:** _____ **Per Week:** _____

-Year to Date:-	
-----------------	--

Reg Pay: _____ **Overtime:** _____ **Tips:** _____ **Deposit Tips:** _____

Is Employee on one of the following Leave types? Is the Employee eligible for compensation? Yes ☐ No ☐

(Please check the ones that are applicable)

_____ Leave of Absence:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Short Term Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Family Medical Leave:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Long Term Disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Use of Annual and/or Sick Leave:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Approved Donated Leave:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes, please complete the following:

Last Day Worked: _____ Last Date Wage(s) received: _____

When is Employee anticipated to Return to Work: _____

Comments: _____

Print Name: _____ **Signature:** _____

Date: _____ **Title:** _____ **Phone:** _____

****Please return completed form via email or fax (520) 562-3927****

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GILA RIVER INDIAN COMMUNITY

Department of Community Housing HOUSING SERVICES – Unemployment Form



I, _____ am currently unemployed at this time. I understand that if I become employed or start receiving unemployment income, I will contact Housing Services within (10) business days. I understand that failure to do so will result in removal of my application.

Applicant Signature

Date

Housing Services

Date

Office Hours, Monday-Friday, 8:00 a.m. – 5:00 p.m.

Main Office PO BOX 528 * Sacaton, AZ 85247 * (520) 562-3904 * Fax (520) 562-3927 *
Maintenance Warehouse & Construction Office * (520) 796-4550 * Fax (520) 796-4551 *
West End Office * (520) 796-4555 * Fax (520) 796-4556 *



GILA RIVER INDIAN COMMUNITY
Office of the Treasurer
Robert G. Keller, Community Treasurer



AUTHORIZATION TO RELEASE INFORMATION

I, _____ give my authorization to the Gila River Indian Community Service Center and Housing Office, to obtain information on my behalf showing that I have or have not received the Per Capita payment that was distributed on:

1/31/____ 4/30/____ 7/31/____ 10/31/____

My Per Capita Office information is:

Gila River ID#: _____

Signature of Release: _____

Contact Phone #: _____ Date: _____
(To be used only if more information is required)

District Service Center or Housing Use Only

Received by: _____ Date: _____

Completed by: _____ Date: _____

Per Capita Office Use Only

Received (stamp here): _____

Verified as follows:

☐ Did ☐ Did not receive 1/31/____ pay-out ☐ Did ☐ Did not receive 4/30/____ pay-out
☐ Did ☐ Did not receive 7/31/____ pay-out ☐ Did ☐ Did not receive 10/31/____ pay-out

PCO Verifier: _____
(Sign & Date)



GILA RIVER INDIAN COMMUNITY

Department of Community Housing HOUSING SERVICES – Verification of Disability



Department of Community Housing
P.O Box 528
Sacaton AZ, 85147
Fax #: 520-562-3927

RE: Verification of Disability (please return completed form to above address)

Name: _____ SSN: _____ - _____ - _____ DOB: _____

The individual named above is an applicant/tenant for housing assistance that is subsidized through the U.S. Department of Housing and Urban Development. Federal regulations require that in order for the household to be eligible, we must verify the household's income, expenses and other information using third party written verifications. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be held in strict confidence. **We are required to complete our verification process in a short time period and would appreciate your prompt response to this request for information.**

I, the undersigned, do hereby authorize the release of the information requested to .

Applicant / Tenant Signature: _____ Date: _____
(or see signed Authorization for the Release of Information)

PLEASE VERIFY THE CLAIMED DISABILITY BY THE ABOVE NAMED APPLICANT/PARTICIPANT

For purposes of this verification, the definition of disabled is:

A person who-- (a) Has a disability as defined in section 223 of the Social Security Act (42 U.S.C. 423); or (b) Is determined to have a physical, mental or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions; or (c) Has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)). The term "person with disabilities" does not exclude persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

Does the applicant meet the above definition of a disabled individual? ☐ Yes ☐ No

Comments: _____

Evaluator/Diagnostician Name: _____

Date: _____ Title: _____ Phone: _____

Signature: _____

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For Office use only: ☐ Initial ☐ Annual ☐ Interim ☐ Occupancy Specialist _____

Requestor Agency

Gila River Indian Community
 Department of Community Housing
 136 S. Main Street
 PO Box 528
 Sacaton, AZ 85147

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Family Assistance Administration
 (Administración de Asistencia para Familias)

TRIBAL- AUTHORITY TO RELEASE INFORMATION
 / AUTORIDAD TRIBAL PARA DIVULGAR
 INFORMACIÓN

REQUESTOR'S INFORMATION

Name (Last, First, M.I.) / Nombre (Apellido, Nombre, S.I.)
 Housing Services Program

Phone No. / Teléfono (520) 562-3904

FAX No. / Núm. de FAX (520) 562-3927

The person whose name and signature appear below has requested your cooperation in releasing the following information. Please complete and return this form within 3 business days by fax or email.

La persona cuyo nombre y firma aparecen a continuación ha solicitado su cooperación para divulgar la siguiente información. Por favor, llene y devuelva este formulario dentro de los 3 días hábiles por fax o por correo electrónico.

**AUTHORIZATION TO RELEASE INFORMATION /
 AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN**

I hereby authorize and consent to the release of any and all information requested below concerning myself and my household's members to the requesting party above. The confidentiality of the information furnished will be preserved except where disclosure of this information is required by applicable law.

Por la presente, autorizo y consiento en que se divulge toda y cualquier información que se solicita a continuación acerca de mí y los miembros de mi hogar. Se mantendrá la confidencialidad de la información proporcionada, excepto cuando la ley aplicable exija la divulgación de esta información.

PARTICIPANT'S INFORMATION

Name (Last, First, M.I.) / Nombre (Apellido, Nombre, S.I.)

Soc.Sec.No or Date of Birth (DOB) / Núm.de Seg. Soc. o

Fecha de nacimiento

Mailing Address (No., Street, City, State, ZIP) /
 Dirección Postal (Núm. Calle, Ciudad, Estado, C.P)

AZTECS No. / Núm.de AZTECS

Date of Request / Fecha de solicitud

Signature / Firma

PARTICIPANT'S INFORMATION

Name (Last, First, M.I.) / Nombre (Apellido, Nombre, S.I.)

Soc.Sec.No or Date of Birth (DOB) / Núm.de Seg. Soc. o

Fecha de nacimiento

Mailing Address (No., Street, City, State, ZIP) /
 Dirección Postal (Núm. Calle, Ciudad, Estado, C.P)

AZTECS No. / Núm.de AZTECS

Date of Request / Fecha de solicitud

Signature / Firma

**DES OFFICE USE ONLY, DO NOT WRITE BELOW THIS LINE
 SOLO PARA EL USO DEL DES, NO ESCRIBA DEBAJO DE ESTA LÍNEA**

Benefit Type Cash Assistance (CA) ☐ N/A Monthly Amount \$ _____ Expiration / Renewal Date _____

Benefit Type Nutrition Assistance (NA) ☐ N/A Monthly Amount \$ _____ Expiration / Renewal Date _____

Names of Individuals Included in Case _____

Additional Comments _____

I certify that the information provided is correct to the best of my knowledge.

Name of DES Person Providing Information _____

Signature of DES Person Providing Information _____ Date _____

Title _____ Phone No. _____



GILA RIVER INDIAN COMMUNITY

Sacaton, Arizona 85147

Enrollment/Census Department
Post Office Box 97
Phone: (520) 562-9790
Fax: (520) 562-8103

Authorization to Release Information Form

Requestor's Name: _____ GRID# or DOB: _____

Address: _____ Phone: _____

I give authorization to the Enrollment/Census Department to release requested documents for:

☐ Self ☐ Minor Child ☐ GRIC Member whom I have legal guardianship of

NAME	Date of Birth	GRID#

Please release the following:

☐ Certificate of Indian Blood ☐ BIA 4432 Form ☐ Game & Fish Wildlife Form (Eagle Feather) ☐ Family Tree (Sent by U.S. Mail)

Delivery Method

☐ Hold for Pick-Up ☒ Mail ☐ Fax*
*Original will be mailed to requestor unless otherwise indicated

Send to: (department/agency name, if applicable) Department of Community Housing

Name: _____ Phone: 520-562-3904

Address: P.O. Box 528 Fax: 520-562-3927

City, State, Zip: Sacaton Az, 85147 Deadline Date: _____
(If Applicable)

Requestor's Signature: _____ Date: _____

Notarization required if submitted by mail, fax, or a third party

State of: _____)

)

County of: _____)

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20____.

MY COMMISSION EXPIRES:

(seal)

NOTARY PUBLIC

Enrollment Department Use Only

Received By: _____ Date: _____

Completed By/Notes: _____ Date: _____



GILA RIVER INDIAN COMMUNITY

DEPARTMENT OF COMMUNITY HOUSING



APPLICANT ATTESTMENT:

I attest the information provided by me is true and correct and that I am not receiving and do not anticipate receiving any other source of public or private subsidy or assistance for the costs that are subject of my application.

I understand that I cannot receive any other source of public or private subsidy or assistance for the costs that are subject of my application, that it is my responsibility to immediately notify the Gila River Indian Community Department of Community Housing (DCH) if any of my circumstances change, and I must immediately notify DCH if I apply for or receive any other source of public or private subsidy or assistance for costs that are subject of my application because I will no longer be eligible for assistance from DCH under the Emergency Rental Assistance Program.

APPLICANT SIGNATURE

DATE

APPLICANT SPOUSE / SIGNIFICANT OTHER

DATE

OTHER ADULT MEMBERS OF HOUSEHOLD

DATE

OTHER ADULT MEMBERS OF HOUSEHOLD

DATE

OTHER ADULT MEMBERS OF HOUSEHOLD

DATE

OTHER ADULT MEMBERS OF HOUSEHOLD

DATE