



GILA RIVER INDIAN COMMUNITY

DEPARTMENT OF COMMUNITY HOUSING



Emergency Rental Assistance Program: Check-Off List

Name: _____ **Submission Date:** _____

Recvd	Pending	Description
1		Application
2		Applicant/Resident Certification
3		Consent to Release Form (All Household Members over 18-ys)
4		ID's for all 18 yrs. & Over
5		Social Security Cards (For All House Hold Members)
6		Birth Certificate / Guardianship Letter
7		Pay-Stub (past 30-days)
8		Verification of Income Form
9		Per Cap Form or Check Stub
10		Unemployment Form (If Applicable)
11		DES/TSS Verification (If Applicable)
12		Letter of Hardship
13		Eviction/Delinquent Notice(s)
14		Utility Bill(s)
15		Emergency Rental Assistance Program Contract
16		Lease Agreement
17		ERAP Attestment
18		W-9 Form

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

Comments:

Office Use Only:

Submit Date	Initial	Complete Date	Initial	Description
				1 Entered on Master ERAP List (Log)
				2 ERAP Calculation Work Sheet (Excel)
				3 Per Capita Verification
				4 Income Verification
				5 DES Verification
				6 Completed ERAP Contract

Submit Date	Initial	Complete Date	Initial	Description
				7 Denied
				8 Approved
				9 Director/Designee Approval

Submit Date	Initial	Complete Date	Initial	Description
				10 Letter to Tenant
				11 Letter to Landlord