Program Summary
The low-income rental and utility assistance program was developed by the U.S. Congress and U.S. Treasury Dept. to assist low income households impacted by the COVID-19 health emergency with rent and utility assistance. This program is available to renters only. Eligible applicants must have a combined household income that is not more than 80 percent of the area median income defined by HUD. This will vary based on the household’s location and size. To determine if you are eligible, please visit www.huduser.gov/portal/datasets or call (833) 481-0638. CPN will make the final determination about whether a household has demonstrated that its combined income makes it eligible for aid based on applicable federal laws.

Program Benefit
The program benefit is determined on a case-by-case basis. Payments will be made directly to landlords and/or utility companies.

Part 1
Is anyone in your household an enrolled member of the Citizen Potawatomi Nation? □ Yes □ No
If yes, name of Tribal Member ________________________________ Tribal Roll Number __________
STOP
If you answered “NO” to Part 1, you are not eligible for this assistance.

Part 2
Do you rent your residence? □ Yes □ No
STOP
If you answered “NO” to Part 2, you are not eligible for this assistance.

Part 3
Does any of the following apply to anyone in your household:
• Is anyone in your household receiving or eligible for unemployment compensation? □ Yes □ No
  If yes, please attach documentation to establish this.
• Has anyone in your household experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 outbreak? □ Yes □ No
  If yes, please explain ____________________________________________
  Please attach documentation to establish this.
• Can you demonstrate that anyone in your household has a risk of experiencing homelessness or housing instability or is in unsafe or unhealthy living conditions? □ Yes □ No
  If yes, please attach documentation to establish this (a past due utility or rent notice, an eviction notice, etc...)
STOP
If you did not answer “YES” to any of the questions on Part 3, you are not eligible for this assistance.
Part 4
What was the total combined income for your household in 2020? ____________________
Please attach documentation such as tax returns or W2s. If you cannot document your annual income, please attach documents showing your income for the last two months such as wage statement, interest statement, unemployment compensation statement, etc...

Name ________________________________
Street __________________________________ City ____________________________
County __________________________________ State ________ Zip Code _____________
Phone Number _______________________ Email Address ____________________________
Gender __________________ Race □ Hispanic or Latino □ Not Hispanic or Latino
Ethnicity □ American Indian or Alaska Native □ Asian □ Black or African American □ White
□ Native Hawaiian or Other Pacific Islander □ Other (please specify) ____________________________
Number of people in household ________

LANDLORD INFORMATION

Name ________________________________
Street __________________________________ City ____________________________
County __________________________________ State ________ Zip Code _____________
Phone Number _______________________ Email Address ____________________________
SSN/Tax ID No./DUNS No. ____________________________

RENT INFORMATION

What is your monthly rent payment? $ ____________________
If you are behind on your rent, how much are you behind? $ ____________________
Are you receiving any assistance with your rent payments from any source? □ Yes □ No
If “Yes”, please describe ____________________________
What is the total amount of rental assistance you are asking for? $ ____________________

UTILITY INFORMATION

What is your average monthly bill for?

Electricity: $ ____________
Gas, propane or fuel oil: $ ____________
Water and Sewer: $ ____________
Trash removal: $ ____________
Telephone: $ ____________
Cable: $ ____________
Internet: $ ____________

Who are your utility providers?

Electricity ____________________________
Gas, propane or fuel oil ____________________________
Water and Sewer ____________________________
Trash removal ____________________________
Telephone ____________________________
Cable ____________________________
Internet ____________________________
If you are asking for assistance with your utility costs,

Are any of these bills covered by your landlord as part of your rent?  
☐ Yes   ☐ No

If yes, which ones?  __________________________________________________________

Please attach documentation that demonstrates which utilities are covered.

If you are behind on any of your utility bills, how much are you behind in total? $ ________________________

Are you receiving any assistance with your utility bills from any source?  
☐ Yes   ☐ No

If “Yes”, please describe __________________________________________________________

What is the total amount of utility bill assistance you are asking for: $ ____________________

**REQUIRED DOCUMENTS**

☐ Household Tribal Member ID

☐ Proof of Income – 2020 tax returns or W2s for all household members or documents showing income for all household members for the last two months (wage statement, interest statement, unemployment compensation statement, etc...)

☐ Proof of Residential Lease

**If applicable**

☐ Proof of any Household Member’s Eligibility for Unemployment

☐ Proof of Reduction of Income/Significant Costs/Financial Hardship Due to COVID-19

☐ Proof of Risk of Experiencing Homelessness or Housing Instability or Unsafe/Unhealthy Living Conditions (A Past Due Utility or Rent Notice, an Eviction Notice, etc...)

☐ Proof of Past Due Rent in the Amount Requested

☐ Proof of Past Due Utilities in the Amount Requested

☐ W-9 for Landlord

**SIGNATURE**

In submitting this application, I declare and certify that all the information and documentation is true and correct, and I acknowledge that any payments based on inaccurate assertions or submissions or based on material omissions are subject to recoupment from the recipient by Citizen Potawatomi Nation and/or the United States government and may be cause to seek other remedies allowable by law. I further agree to assist the Nation in seeking any further necessary verification of the submitted information upon reasonable request. I also understand that awards of assistance through this program are subject to the availability of funds appropriated by the U.S. Congress to the Citizen Potawatomi Nation and that the Nation reserves the right to prioritize applicants according to need and to other relevant priorities mandated by federal or tribal law.

Signature __________________________________________________     Date ________________________

*tenant signature required*

Landlord Signature __________________________________________     Date ________________________

*only required if application is completed on behalf of leasee*