



Miami
Tribe of
Oklahoma

Adult Services Department-2023 ARPA Rental /Homeowners Assistance

PO Box 1326/Miami, OK 74355/(918)541-1389/Email Address: swilliams@miamination.com,

Eligibility groups for the program include Miami Tribal Members and households where a Miami Tribal member lives.

Please submit one application per household

Check which eligibility group applies to your household

- I am a Miami Tribal Member before 01/01/23
- A Miami Tribal Member before 01/01/23 lives in the household
- None of the above

I am a Renter/Tenant

I am a Homeowner

Household Income Information

How many live in your household? _____ What is the total household monthly income? _____

What county and state do you reside? _____ What is your zip code? _____

You will be asked to attach income documentation for all household members 18 and older for the previous two months to support this amount. Documentation may include paystubs, W-2s, or other wage statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer

COVID-19 Hardship Information:

Please select one or more of the following that applies to you:

- My cost of living is high compared to my income. After I pay my rent, utilities, food, and other necessary living expenses, I don't have enough funds remaining for other expenses.
- The quality of my rental property is below average.
- Sometimes I stay with extended family and friends because I do not have stable housing.
- I do not have sufficient savings for emergency situations.
- Has your household experienced a financial hardship due to any of the reasons?
- Increases in food prices, i.e., beef, potatoes, eggs: Yes No
- Added expense of personal protective equipment (PPE) such as masks, hand sanitizer, gloves, etc.: Yes No
- Added expense of equipment and/or supplies for remote work or distance learning: Yes No
- Increase in medical bills or loss of work as a result of COVID-19: Yes No
- Other (Please list) _____

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- I/We attest that all information provided is true, complete, and correct. I understand that I will be asked to attach supporting documentation such as paystubs, W-2s or other wage statements, tax filings, bank statement demonstrating regular income, or other forms of documentation to support the monthly income amount.

FOR HOMEOWNERS ONLY

COVID-19 Related Need:

Mortgage Company

Name: _____ Phone no.: (_____) _____

Mailing address: _____
Address City State Zip

Have you received a foreclosure notice or are you at risk of foreclosure now? Yes No

FOR RENTERS ONLY

COVID-19 Related Need:

Rent

Landlord Name: _____ Landlord phone no.: (_____) _____

Landlord Mailing address: _____
Address City State Zip

Have you received an eviction notice or are you at risk for eviction now? Yes No

If yes, eviction date: _____

Certification:

By signing below, I/we certify that I/we have read the Program Participation Certification, that I/we attest that all statements within the Program Participation Certification are true and correct and apply to me/us; that I/we have reviewed this application and the information included with this application; and that all information included with this application is correct and complete to the best of my/our knowledge and any funding or assistance received will be used for the intended purpose.

Applicant Signature

Date

Participant Certification

Program administrator: Miami Tribe of Oklahoma

Program administrator contact information: (918)541-1389

Household member name(s): _____

Property address: _____

Household member phone no.: (_____) _____

Household member email address: _____

I/we, above named household member(s), hereby certify that:

1. I/we have occupied the above-referenced household as my/our principal residence during the period for which the mortgage/rental and/or utilities and home energy costs arrears assistance, if any, is requested and shall occupy the household as my/our principal residence throughout the remaining months for which the assistance is provided.
2. I/we understand that this program requires participation from both the lender/landlord and household member(s) and if the landlord does not elect to participate, assistance may not be provided.
3. I/we have disclosed any monthly federal subsidy amounts (e.g., a housing voucher, public housing, or rental assistance, mortgage assistance) and any household mortgage/rent adjustments made according to changes in income for the household. I understand that assistance provided by this program shall not be used for the same costs covered by any other form of government assistance.
4. I/we shall not seek to obtain assistance in the future for the same months of mortgage/rental arrears or mortgage/rent covered by this assistance, and that if I/we do receive such assistance I shall report it to the lender/landlord using the contact information in my/our loan/lease, and to the program administrator using the contact information at the top of this form.
5. I/we shall inform the program administrator, using the contact information at the top of this form, within 10 calendar days if evicted from the household or if I/we no longer occupy the household as my/our principal residence during the period of assistance.
6. To my/our knowledge, neither I/we, nor the landlord, have previously received assistance funded with the U.S. Department of Treasury Assistance Programs for the expenses requested with this application.
7. I/we have provided a mortgage statement/written lease to the program administrator or a rental/lease agreement attestation from or other reasonable documentation evidencing proof of residency and monthly payment/rental amount. The information I/we have provided regarding the terms of my/our loan/lease and rent amount are true and accurate.
8. I/we have disclosed any immediate family relationship with the lender/landlord to the program administrator.
9. I/We are at risk of experiencing homelessness or housing instability. Housing instability means having a lack of security in shelter due to a high cost of living compared to income, unsafe or unhealthy living conditions, poor housing quality, frequent location changes, overcrowding, homelessness, past due utility or mortgage/rental notice or eviction notice, or financial hardship.
10. The information I/We have provided is correct and complete, and if requested, I shall provide documentation to prove my household's loss of income or additional expenses.
11. I/We acknowledge that access to all information collected, assembled, or maintained by the program administrator pertaining to this agreement/certification, except records made confidential by law or court order, may be provided to the US Department of Treasury, Office of Inspector General, or others for audit and/or reporting purposes.
12. I/We have been provided a copy of this agreement/certification.
13. I/We may remain responsible for charges authorized under the loan/lease (other than mortgage/rent or utilities) going forward.
14. I/We authorize the utility providers, and/or the lender/landlord named on the application to release account and billing information to and accept payment from the Miami Tribe of Oklahoma on behalf of the household.
15. I/We authorize the Miami Tribe of Oklahoma to request and receive billing history, request, and receive balances on the account(s) provided in the application, and remit payments. I understand that by authorizing the Miami Tribe of Oklahoma to conduct the above-named transactions on the account(s) listed on the application that I, as the borrower/tenant and/or utility customer, may direct or perform even though *I remain responsible for all payment and other service obligations. I/we understand acceptance of this application is not a guarantee that the Miami Tribe of Oklahoma shall make any payments to the utility provider(s) and/or lender/landlord on my behalf.*

Household member signature

Date