

Emergency Rental Assistance Program

Through a federal grant, Leech Lake Human Services is able to assist individuals and families with expenses related to rent, utility and energy bills, and other household expenses.

To be eligible, an applicant **must**,

- Be a current renter with a formal rental agreement or lease, and
- Have a total family income of less than 80% of the Median Area Income; and
- Have past due expenses, and
- Have had to have been financially impacted by the COVID-19 pandemic, and
- Be categorized as one of the following;
 - Member of any the Leech Lake Band of Ojibwe; or
 - An employee of either Leech Lake Band of Ojibwe, Leech Lake Housing Authority, Leech Lake Gaming, or Bug O' Nay Ge Shig school.
 - A tenant of Leech Lake Housing Authority, or
 - Be a client of a social services or similar service with Leech Lake Band of Ojibwe.

If you meet all eligibility requirements, please proceed with the application.

For more information contact Leech Lake Tribal Assistance Program at (218) 335-3626, (218)335-3762, (218)335-4499, and (218)335-4443.

Applications are available online at www.llojibwe.org or by contacting Tribal Assistance or the Government Offices.

Emergency Rental Assistance Application

Name of Primary Applicant	Eligibility	
Mailing Address	PROOF OF ELIGIBILITY MUST BE PROVIDED	
City & State & Zip	<input type="checkbox"/> LL Band Member <input type="checkbox"/> LLHA Tenant <input type="checkbox"/> Client of LL Program: _____	
Physical address (if different)	Employee: <input type="checkbox"/> LLBO <input type="checkbox"/> LL Housing	Secondary phone number:
City & State & Zip	<input type="checkbox"/> LL Gaming <input type="checkbox"/> Bug 'O Nay Ge Shig School	Primary phone number:
	County	Email <input type="checkbox"/> Check if ok to contract by email

List ALL household members					
Name	Date of birth	Age	Race	Gender	Income
Primary Applicant			<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN / BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> OTHER	M F OTHER	Y N
			<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN / BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> OTHER	M F OTHER	Y N
			<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN / BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> OTHER	M F OTHER	Y N
			<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN / BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> OTHER	M F OTHER	Y N
			<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN / BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> OTHER	M F OTHER	Y N
			<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN / BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> OTHER	M F OTHER	Y N

Income / Benefits / and other assistance					
PROOF OF ALL INCOME, BENEFITS, OR OTHER ASSISTANCE MUST BE PROVIDED					
NO APPLICATION WILL BE PROCESSED UNTIL ALL DOCUMENTS ARE RECEIVED					
✓	Income source	Gross Amount	Frequency	Proof included	Household member
	Wages, salaries, tips	\$	Weekly Biweekly Monthly	Y N	

	Self-employment	\$	Weekly Biweekly Monthly	Y N	
	Unemployment Compensation	\$	Weekly Biweekly Monthly	Y N	
	Long/short term disability	\$	Weekly Biweekly Monthly	Y N	
	Minnesota Family Investment Program (MFIP)	\$	Weekly Biweekly Monthly	Y N	
	General Assistance (GA)	\$	Weekly Biweekly Monthly	Y N	
	Diversionsary Work Program (DWP)	\$	Weekly Biweekly Monthly	Y N	
	Supplemental Security Income	\$	Weekly Biweekly Monthly	Y N	
	Social Security Benefits (SSDI, RSDI, SSA)	\$	Weekly Biweekly Monthly	Y N	
	Retirement income	\$	Weekly Biweekly Monthly	Y N	

Check all that apply					
PROOF OF ALL ADDITIONAL INCOME MUST BE PROVIDED NO APPLICATION WILL BE PROCESSED UNTIL ALL DOCUMENTS ARE RECEIVED					
	Rental income		Contract for Deed interest		Interest or Dividend income
	Worker's Compensation		Veteran's Benefits		Alimony or spousal support
	Pension or Annuity		Other:		

Assistance		
Please answer all questions to the best of your ability. ✓ If you wish to receive services related to each question.		
DOCUMENTATION OF NEED MUST BE PROVIDED BEFORE ANY ASSISTANCE WILL BE ISSUED		
	Was the employment of you or someone in your household been directly or indirectly impacted by the COVID-19 pandemic (i.e. termination, furlough, layoff, etc.)?	Y N
	Do you have rental arrears that have caused or put you at risk of housing instability?	Y N
	Do you have past due rental payments?	Y N
	Do you have past due utility payments?	Y N
	Do you have other household related expenses causing hardship?	Y N
	Do you feel your living conditions are unsafe or unhealthy? Why?	Y N

COVID-19 PANDEMIC ATTESTATION

I _____, attest to the following;
(Name of head of household)

Initial

_____ *One or more members of my household were effected by the COVID-19 pandemic;*

_____ *I have a current rental lease or agreement;*

_____ *I have past due rent, utility, and/or household expenses;*

_____ *I am an enrolled Band Member of the Leech Lake Band of Ojibwe, or; an employee of the Leech Lake Band of Ojibwe, Leech Lake Housing Authority, Leech Lake Gaming, or the Bug O' Nay Ge Shig School, or; a tenant of Leech Lake Housing Authority, or; am receiving case management or similar services from Leech Lake program;*

_____ *All the information provided on this application is true to the best of my knowledge;*

_____ *I will provide all documentation as required by this application;*

Signature

Date

Emergency Rental Assistance Program

Leech Lake Tribal Assistance

(218) 335-3626

VERIFICATION OF EACH SERVICE PROVIDER MUST BE ATTACHED BEFORE APPLICATION IS PROCESSED

Utility Account Information

Electric

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Internet / Phone Service (not cell phone bills)

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Gas (if separate)

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Bulk fuel (firewood, heating oil, wood pellets, propane)

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Water / Sewer (if together)

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Sewer (if separate)

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Trash

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Other

Name on Account:	<input type="text"/>	Account Number:	<input type="text"/>
Company Name:	<input type="text"/>	Billing Period:	<input type="text"/>
Amount Past Due:	<input type="text"/>		
Is this utility currently disconnected or scheduled for disconnect?	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Landlord, Property Management, Etc.

Name on Account:

Account Number:

Company Name:

Billing Period:

Amount Past Due:

Do you have an eviction notice or at risk of being evicted?

YES

NO

I am requesting assistance for the rent, utility, and other costs listed in this application through Leech Lake Tribal Assistance. I understand any payments are subject to program eligibility, adequate verification, and available resources. The applicant and any co-applicants and residents 18 years and older (if any) (the "household") authorizes all people entities, or organizations identified as holding a debt for which assistance is sought to share, release, discuss, and other provide all information needed to process the application with all government entities, program administrators, and contractors administering and/or processing applications under the Emergency Rental Assistance Program. The household agrees to execute any additional release of information that may be deemed necessary to process the application.

Signature