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:
  o Member of any the Leech Lake Band of Ojibwe; or
  o An employee of either Leech Lake Band of Ojibwe, Leech Lake Housing Authority, Leech Lake Gaming, or Bug O’ Nay Ge Shig school.
  o A tenant of Leech Lake Housing Authority, or
  o 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

Mailing Address

☐ LL Band Member ☐ LLHA Tenant
☐ Client of LL Program: ____________________________

City & State & Zip

Employee:  ☐ LLBO ☐ LL Housing
☐ LL Gaming ☐ Bug 'O Nay Ge Shig School

Physical address (if different)

Primary phone number:  Secondary phone number:

City & State & Zip

County

Email ☐ Check if ok to contract by email

List ALL household members

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Applicant</td>
<td></td>
<td></td>
<td>☐ AMERICAN INDIAN</td>
<td>☐ WHITE</td>
<td>M Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ AFRICAN / BLACK</td>
<td>☐ ASIAN</td>
<td>F N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ HISPANIC / LATINO</td>
<td>☐ OTHER</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

|             |               |     | ☐ AMERICAN INDIAN | ☐ WHITE | M Y N |
|             |               |     | ☐ AFRICAN / BLACK | ☐ ASIAN | F N   |
|             |               |     | ☐ HISPANIC / LATINO | ☐ OTHER | OTHER |

|             |               |     | ☐ AMERICAN INDIAN | ☐ WHITE | M Y N |
|             |               |     | ☐ AFRICAN / BLACK | ☐ ASIAN | F N   |
|             |               |     | ☐ HISPANIC / LATINO | ☐ OTHER | OTHER |

|             |               |     | ☐ AMERICAN INDIAN | ☐ WHITE | M Y N |
|             |               |     | ☐ AFRICAN / BLACK | ☐ ASIAN | F N   |
|             |               |     | ☐ HISPANIC / LATINO | ☐ OTHER | OTHER |

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

<table>
<thead>
<tr>
<th>Income source</th>
<th>Gross Amount</th>
<th>Frequency</th>
<th>Proof included</th>
<th>Household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages, salaries, tips</td>
<td>$</td>
<td>Weekly Biweekly Monthly</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Income Type</td>
<td>Frequency</td>
<td>Y/N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-employment</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long/short term disability</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota Family Investment Program (MFIP)</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversionary Work Program (DWP)</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Benefits (SSDI, RSDI, SSA)</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement income</td>
<td>Weekly</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check all that apply

PROOF OF ALL ADDITIONAL INCOME MUST BE PROVIDED
NO APPLICATION WILL BE PROCESSED UNTIL ALL DOCUMENTS ARE RECEIVED

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Proof of Additional Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income</td>
<td>Contract for Deed interest</td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>Veteran's Benefits</td>
</tr>
<tr>
<td>Pension or Annuity</td>
<td>Other:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Do you have rental arrears that have caused or put you at risk of housing instability?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Do you have past due rental payments?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Do you have past due utility payments?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Do you have other household related expenses causing hardship?</td>
<td>Y/N</td>
</tr>
<tr>
<td>Do you feel your living conditions are unsafe or unhealthy? Why?</td>
<td>Y/N</td>
</tr>
</tbody>
</table>
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: ___________________________ Account Number: ___________________________
Company Name: ___________________________ Billing Period: ___________________________
Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? □ YES □ NO

Internet / Phone Service (not cell phone bills)
Name on Account: ___________________________ Account Number: ___________________________
Company Name: ___________________________ Billing Period: ___________________________
Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? □ YES □ NO

Gas (if separate)
Name on Account: ___________________________ Account Number: ___________________________
Company Name: ___________________________ Billing Period: ___________________________
Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? □ YES □ NO

Bulk fuel (firewood, heating oil, wood pellets, propane)
Name on Account: ___________________________ Account Number: ___________________________
Company Name: ___________________________ Billing Period: ___________________________
Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? □ YES □ NO
Water / Sewer (if together)

Name on Account: ___________________________ Account Number: ___________________________

Company Name: ___________________________ Billing Period: ___________________________

Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? [ ] YES [ ] NO

Sewer (if separate)

Name on Account: ___________________________ Account Number: ___________________________

Company Name: ___________________________ Billing Period: ___________________________

Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? [ ] YES [ ] NO

Trash

Name on Account: ___________________________ Account Number: ___________________________

Company Name: ___________________________ Billing Period: ___________________________

Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? [ ] YES [ ] NO

Other

Name on Account: ___________________________ Account Number: ___________________________

Company Name: ___________________________ Billing Period: ___________________________

Amount Past Due: __________________________

Is this utility currently disconnected or scheduled for disconnect? [ ] YES [ ] 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