

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