



# Flandreau Santee Sioux Tribe - FSST Emergency Rental Assistance Program (ERAP)

2021 CARES Emergency Rental Assistance (ERA) Application

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## Emergency Rental Assistance (ERA) Program

### Keeping Families in their Homes

Congress passed legislation that created the Emergency Rental Assistance (ERA) Program that makes available \$25 billion to assist households that are unable to pay rent and utilities due to the COVID-19 pandemic. The funds are provided directly to States, U.S. Territories, local governments, and Indian tribes. Grantees use the funds to provide assistance to eligible households through existing or newly created rental assistance programs. Not less than 90 percent of awarded funds must be used for direct financial assistance, including rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing. Remaining funds are available for housing stability services, including case management and other services intended to keep households stably housed, and administrative costs. Funds generally expire on December 31, 2021.

The Flandreau Santee Sioux Tribe is the grantee of an allocation of \$496,591.21 to administer the Emergency Rental Assistance Program for the Flandreau Santee Sioux Indian Reservation. The formula for these funds is limited to eligible households who reside within the FSST service area, which is Moody County.

### Information for Renters

#### Eligibility

An “eligible household” is defined as a renter household in which at least one or more individuals meets the following criteria:

- Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- Demonstrates a risk of experiencing homelessness or housing instability; and
- Has a household income at or below 80 percent of the area median.

Rental assistance provided to an eligible household should not be duplicative of any other federally funded rental assistance provided to such household

Eligible households that included an individual who has been unemployed for 90 days prior to application for assistance and household with income at or below 50 percent of the area median are to be prioritized for assistance.

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An eligible household that occupies a federally subsidized residential or mixed-use property may receive ERA assistance, provided that ERA funds are not applied to costs that have been or will be reimbursed under any other federal assistance

If an eligible household receives a monthly federal subsidy (e.g. a Housing Choice Voucher, Public Housing, or Project-Based Rental assistance) and the tenant rent is adjusted according to changes in income, the renter household may not receive ERA assistance.

Household income is determined as either the Household’s total income for calendar year 2020 or the household’s monthly income at the time of the application. For household incomes determined using the latter method, income eligibility must be re-determined every 3 months.

### *Income Limits for 2020 (Based on 2020 AMI Income Limits)*

# Persons	60%	80%	70%	50%	40%	30%	20%
1 Person	34,020	45,360	38,690	28,350	22,680	17,010	11,340
2 Person	38,880	51,840	45,380	32,400	25,920	19,440	12,960
3 Person	43,740	58,320	51,030	36,450	29,160	21,870	14,580
4 Person	48,600	64,800	56,700	40,500	32,400	24,300	16,200
5 Person	52,500	70,000	61,250	43,750	35,000	26,250	17,500
6 Person	56,400	75,200	65,800	47,000	37,600	28,200	18,800
7 Person	60,240	80,320	70,280	50,200	40,160	30,120	20,080
8 Person	64,140	85,520	74,830	53,450	42,760	32,070	21,380
9 Person	68,040	90,720	79,380	56,700	45,380	34,020	22,680
10 Person	71,940	95,920	83,930	59,950	47,960	35,970	23,980
11 Person	75,840	101,120	88,480	63,200	50,560	37,920	25,280
12 Person	79,680	106,240	92,960	66,400	53,120	39,840	26,560

### **Available Assistance**

Eligible households may receive up to 12 months of assistance, plus an additional 3 months if the grantee determines the extra months are needed to ensure housing stability and grantee funds are available. The payment of existing housing-related arrears that could result in eviction of an eligible household is prioritized. Assistance must be provided to reduce an eligible household’s rental arrears before the household may receive assistance for future rent payments. Once a household’s rental arrears are reduced, grantees may only commit to providing future assistance for up to three months at a time. Households may reapply for additional assistance at the end of the three-month period if needed and the overall time limit for assistance is not exceeded.

### **Application Process**

An application for rental assistance may be submitted by either an eligible household or by a landlord on behalf of that eligible household. Households and landlords must apply through

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programs established by grantees. In general, funds will be paid directly to landlords and utility service providers. If a landlord does not wish to participate, funds may be paid directly to the eligible household. Households and landlords should not submit applications for assistance to the Treasury.

### **Transparency**

The Department of the Treasury will issue public reports quarterly on the use of funds. The Treasury Office of Inspector General will conduct oversight of the program and may recoup funds from any government that fail to comply with the restriction on the use of funds.

### **Application Process**

Flandreau Santee Sioux Tribe will begin accepting applications on April 1<sup>st</sup>, 2021. Applications will be accessible by the following means:

- FSST Website – download application
- Faxed to applicant
- Electronic copy via email
- Mailed as requested by applicant

### **Return Completed Applications**

Applications will be accessible by the following means:

- Faxed to FSST Housing @ 605-997-2822
- Electronic copy via email at [ERAP@fsst.org](mailto:ERAP@fsst.org)
- FSST Tribal Website
- Mailed to FSST Housing Department P.O. Box 328 Flandreau SD 57028
- Drop Box in front of office front door @ FSST Housing Department 100 Allen Avenue

### **Documentation required for processing:**

The following document are required for the application to be complete, any documents not attached will be incomplete.

**The application will need to be completed entirely to be complete and the following documentations attached or the application will not be processed.**

- Social Security Numbers of all household members
- Proof of all income
- Rent/Landlord
- Utilities

**Flandreau Santee Sioux Tribe – Emergency Rental Assistance Program (E.R.A.P.)**

Date of Application:			
First Name:	Last Name:	MI:	
Date of Birth:	Social Security #:		
Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by:		
Email Address			
Phone #'s	Home #	Work #	Cell #

Household Information
Household Type (check only one): <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> 2- Parents with Children <input type="checkbox"/> 2 or more Adults with no Children <input type="checkbox"/> Multi-generational <input type="checkbox"/> Non-related Adults <input type="checkbox"/> Other _____
Housing Type (check only one): <input type="checkbox"/> Rent <input type="checkbox"/> Other _____
Non-Cash Benefits (check all that apply): <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> LIEAP <input type="checkbox"/> Public Housing <input type="checkbox"/> Other _____

Address	
Residential (Where you live)	Mailing
Address:	Address:
Suite/Apartment # (if applicable)	Suite/Apartment # (if applicable)
City, State, Zip Code	City, State, Zip Code
County	County

Applicant Information
Race (check only one): <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
Ethnicity (check only one): <input type="checkbox"/> Hispanic origin <input type="checkbox"/> Not Hispanic origin

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Gender (check only one): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Work Status (check only one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not looking for employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (< then 6 months) <input type="checkbox"/> Unemployed (> then 6 months)	
Military Status (check only one): <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> Not Military	

<b>Eligibility and Preferences</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Head of the Household, co-head or spouse a person with disabilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the head of household, co-head or spouse been employed for at least 3 months, working an average of 30 hours a week?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Head of Household, co-head or spouse actively engaged or has recently completed (within the last 12 months) an employment, education or training program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been served with a Notice to Seek Possession, a Possession Order or been evicted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a criminal offense?
Email Address	

<b>Reason for Needing Housing Assistance</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Threatened with homelessness (Please provide details and proof, e.g. legal notices, letter from attorney)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Overcrowding? (Please provide details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other? (Please specify)

<b>Disability</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you consider yourself disabled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Housebound?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Confined to Wheelchair?

## Payment Assistance Requested

### Year 2020

Rent			Utilities		
Apr \$	May \$	Jun \$	Apr \$	May \$	Jun \$
July \$	Aug \$	Sept \$	July \$	Aug \$	Sept \$
Oct \$	Nov \$	Dec \$	Oct \$	Nov \$	Dec \$

### Year 2021

Rent			Utilities		
Jan \$	Feb \$	Mar \$	Jan \$	Feb \$	Mar \$
Apr \$	May \$	Jun \$	Apr \$	May \$	Jun \$
July \$	Aug \$	Sept \$	July \$	Aug \$	Sept \$
Oct \$	Nov \$	Dec \$	Oct \$	Nov \$	Dec \$

## Household Members Information

*(Please Print Clearly)*

**List the adults that are currently living in household (Do Not Include Applicant Information from Above)**

Adults are defined as anyone 18 years or older. Enter codes for the following tables:

**Relationship to applicant:** Enter **S**=Spouse **P**=Partner **F**=Fulltime Student **AS/AD**=Adult son/Daughter **O**=Other

**Disability:** Enter **Y**=Yes **N**=No **Gender:** Enter **M**=Male or **F**=Female

**Race:** Enter **NA**=Native American **C**=Caucasian **AN**=Alaskan Native **AA**=African American **H**=Hispanic **AS**=Asian

Adults Name (First, MI, Last)	AKA/Maiden Name	Relationship to Applicant	SSN	Disabled (Y/N)	Gender (M/F)	Race	Tribal Affiliation	Enroll #	DOB

**List the dependents that are currently living in household.**

Dependents are defined as anyone 17 years or younger. Enter codes for the following tables:

**Relationship to applicant:** Enter **S**=Son/**D**=Daughter **SC**=Stepchild **GC**=Grand Child **FC**=Foster Child **O**=Other

**Disability:** Enter **Y**=Yes or **N**=No **Gender:** Enter **M**=Male or **F**=Female

**Race:** Enter **NA**=Native American **C**=Caucasian **AN**=Alaskan Native **AA**=African American **H**=Hispanic **AS**=Asian

Dependents Name (First, MI, Last)	Relationship to Applicant	SSN	Disabled (Y/N)	Gender (M/F)	Race	Tribal Affiliation	Enroll #	DOB



### Income Information

*(Please Print Clearly)*

List the expected annual income for the next 12 months. **ALL INCOME WILL BE VERIFIED**

How to fill this form:

1. List the household member name, starting with the applicant
2. Enter the amount of income for the household member under the appropriate income source
3. Enter the total amount of income for each household member in the total column.
4. Repeat steps 1 through 3 for each household member and dependents.
5. **Please provide verification of all household income. Without it, the application will be considered INCOMPLETE.**

Member Name	Pension	SSI	TANF/AFDC	GA	Child Support	Tribal Salary	Self Employed	VA Benefits	Fed. Wages	UI Benefits	Other Wages	Other Income	Total Income
Applicant													
<b>Totals</b>													

### Employment Information

*(Please Print Clearly)*

List household member’s last 3 employers. If employed for less than 3 months, list previous employer. Enter codes for the following tables:

**Employment Type:** Enter F=Permanent/Full-time P=Part Time T=Temp/Seasonal

Member Name	Employer Information			Occupation/Job Title	Length of Employment	Type of Employment
	Name	Address	Phone			
Applicant						

### Child Care Expenses Information

*(Please Print Clearly)*

Enter your ACTUAL annual Child Care Cost: \$ \_\_\_\_\_

Fill In the table below. Verification is required. Any false claims will be cause for application denial.

Child Care Type: Enter **F**=Family      **H**=Home-based non-relative      **L**=Licensed Facility

Name of Provider	Address	Phone	Child Care Type	Name of Children Enrolled	Actual Expenses

### Medical Expenses Information

*(Please Print Clearly)*

Enter your ACTUAL annual Medical Expenses: \$ \_\_\_\_\_

Fill in the table below. Verification is required. Any false claims will be cause for application denial.

Name of Provider	Address	Phone	Provider's Patient(s) Name Family Members	Actual Expenses (last 12 months)

**Housing Information**

**Rental Information**

Monthly Rent Payment: \$ \_\_\_\_\_

Please list the day of the month when Tenant’s rent is due: \_\_\_\_\_

Do you have a delinquent rent balance?  Yes  No

If yes, how many months and amount: \_\_\_\_\_

**Rental Housing Type**

Apartment  Mobile Home  Private Home  FSST Housing Unit  Other

**Landlord**

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

**Utility Information**

Electric Company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Propane Company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Fuel Oil Company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Water/Sewer Company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Garbage Company: \_\_\_\_\_ Acct #: \_\_\_\_\_

Other: \_\_\_\_\_ Acct #: \_\_\_\_\_

## Applicant Certification

- I **hereby certify** that I participated in completion of the above “Uniform Application for Service”.
- I further certify that I have read, or had read to me, the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded.
- Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services.
- I also understand that any falsification or misrepresentation of this information is just a cause for denial of services and prosecution for fraud.
- I hereby authorize the Flandreau Santee Sioux Tribe to obtain any and all information necessary for the purpose of verifying the statement made above with other agencies for reporting purposes and efficiency of service.

*Please provide a brief description of how you/your family were effected directly or indirectly by COVID-19.*

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Landlord Certification

I hereby certify that I have read a legal rental lease with the applicant:

\_\_\_\_\_.

I further certify that the address of the rental property is:

\_\_\_\_\_.

I further certify that the monthly rent amount for this lease is \$ \_\_\_\_\_.

I further certify that there is a delinquent rent balance of \$ \_\_\_\_\_ for the months of:

\_\_\_\_\_.

Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining eligibility for services.

I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **SSN/DUNS:** \_\_\_\_\_

**For FSST Housing Department Office Use Only**

*(Please Print Clearly)*

FSST Housing Dept. Verification Stamp
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**Application Received:**

Date: \_\_\_\_\_  
 By FSST Housing Department Staff Member: \_\_\_\_\_  
 Household Income Eligibility (Attach Worksheet)  
 Current 50% AMI Amount: \_\_\_\_\_  
 Current 80% AMI Amount: \_\_\_\_\_

**Application Status:**

- Approved Rental Assistance Effective Date: \_\_\_\_\_
- 2<sup>nd</sup> Application for additional rental assistance
- Incomplete Application Date Application Returned: \_\_\_\_\_

**Denied Due to:**

- Income ineligibility
- Other, specify: \_\_\_\_\_

Notice to applicant on application status:

Date Mailed: \_\_\_\_\_ Staff Member: \_\_\_\_\_

**Address Change Received from Applicant:**

Date Received: \_\_\_\_\_ Staff Member: \_\_\_\_\_  
 New Address: \_\_\_\_\_

<b>Notes</b>
Add any notes and or comments about this application.

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