



TUNICA-BILOXI HOUSING APPLICATION CHECKLIST

Required documents

- Fully-completed Housing Application (all sections must be fully completed and signed or the application will NOT be processed)
- Current Picture I.D. for Adults (18 years & older)
- Tribal Verification (all household tribal members)
- Proof of Income for everyone living in the household that are 18 years old or older (including but not limited to: Award letters for SS/SSI, Pension, Unemployment, VA, Child Support, copies of last 3 paycheck stubs, statement of contributions, or zero income form)
- Self-Employed Applicants – must provide most recent tax transcripts (provide a clear copy)
- W-9 Form from all vendors (TB finance office requires this form prior to issuing a check- this is the tribal member's responsibility to obtain this form)
- **Other relevant request or required documents needed to prove your statements**

Rental

- Current signed Lease (tribal member must be listed on the agreement/lease in order to pay)
- Landlord contact information and W9 form
- Notice to Vacate and/or statement of what's owed
- Paid receipts of rental history

Utilities

- Copy(ies) of the latest utility bill and W-9 form *Note: We do NOT pay for cellphone, cable or internet service)*

Home owner

- Mortgage Provider – including email, phone numbers and contact person and W9 form (tribal member must be listed on the mortgage statement)
- Past Due notice and/or Foreclosure paperwork

Down Payment: *Note: The TB Housing Dept. must be notified PRIOR to signing closing documents.*

- Name of bank, title company, and/or mortgage company including contact information and W9 form
- Loan documents

Homeless:

- Written certification by public/private facility providing shelter, police department, and/or social services

Applications can be mailed or dropped off at: Tunica-Biloxi Housing Dept. 135 Yuroni Trail - Marksville, La. 71351

Emailed to: Lakeisha Boyd at lboyd@tunica.org

For more information, please call (318) 240-6446

Please note:

- **Payment is not guaranteed.**
- **Some applicants may be required to apply through other funding resources and provide proof of applying and/or denial.**
- **All information received for assistance will be verified.**
- **Falsifying information or excluding information from your application may result in your application being denied and/or suspension from services for up to 6 months or longer.**
- **Applications will NOT be processed until ALL the documents are received.**
- **Processing can take up to two (2) weeks or longer depending on response by the tribal member.**
- **The TB Housing Dept. does NOT reimburse for payments after the fact.**

Housing Assistance Application

COVID RELATED CIRCLE ONE YES OR NO

Please read each item carefully before you answer. The answers you give will be used to decide if you are eligible for Emergency Assistance. If eligible, some of the answers you give will decide the amount of your Emergency Assistance payment. Personal information you provide may be used for secondary purposes.

Last Name – Applicant	First Name – Applicant
Case Number (TBHD use only)	Telephone Number –Applicant
Address – Applicant (Street, City, State, Zip Code)	County
Mailing Address – Applicant (if not the same as above) (Street, PO Box, City, State, ZIP Code)	

What is the best way to reach you? Telephone Email (Provide email address)

If telephone is selected, is it safe to receive messages at that number? Yes No

Yes No Have you received an Emergency Assistance payment in the past 12 months?

If yes when and reason _____

Yes No Do you take care of and make decisions for either your child or a relative's child in your home?

Yes No Will this child(ren) stay in your care in the future?

WAITING LIST

If you wish to be placed on the Tunica-Biloxi Reservation Waiting List for a future home or in the event of homelessness, please check the following boxes:

Please check the box that best describes the unit you are interested in.

Rental Home
 Lease Purchase
 Purchase Available Lot for Home Construction

Please understand that we will need the following to complete this application and that this information **must** be updated annually to remain on The Tunica-Biloxi Reservation Waiting List:

Copy of Government-Issued Identification for **ALL** members in household over the age of 18

Tribal Membership Verification

Source of Income for **ALL** members in household over the age of 18

******Failure to update the application will result in the removal of the Waiting List application that is currently on file. It is the Tunica-Biloxi Tribal Member's responsibility to contact the Tunica-Biloxi Housing Department in efforts to update their application in its entirety annually.**

TYPE OF EMERGENCY

Your emergency must be because of one of the following situations. Check the type(s) of emergency that you have:

IMPENDING HOMELESSNESS

You need to leave your current housing. Examples include: your housing is not safe to live in (for example, because of the condition of the house, or because you are experiencing domestic abuse), rental housing being foreclosed, or receiving a notice to leave due to non-payment of rent or mortgage.

HOMELESSNESS

You do not have housing. Examples include: you are living in a place that is not meant for sleeping such as a car, you are living in a temporary place such as someone else's home or a motel, you left your home because it was not a safe/healthy place to live in, or you left your home due to domestic abuse.

ENERGY CRISIS

You do not have or could lose heating, electric, water, or sewer service.

FIRE

You have a financial emergency because you had a fire in your home.

FLOOD

You have a financial emergency because you had a flood in or around your home.

NATURAL DISASTER

You have a financial emergency because of a natural disaster such as a tornado.

Please describe the emergency you have. For example, what happened and when the emergency happened.

Tunica Biloxi Housing Department
135 Yuroni Trail
Marksville, LA 71351

Emergency Assistance Application
Phone 318-240-6446
Fax 318-253-9629

HOUSEHOLD MEMBERS

Please list all people in your household at the time of the emergency and who will stay in your household if moving. List yourself on the first line.

Giving your social security number (SSN). Your social security number will be used to verify information relating to your Emergency Assistance application. If you do not provide the SSNs for everyone in your household, your application may be denied.

Mark "Yes" or "No" to show if each person is a US Citizen or a Qualified Non-Citizen.

Name (list yourself first)	Social Security Number	Birth Date	Citizen or Qualified Non-Citizen	Relationship
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Self
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD FINANCIAL INFORMATION

INCOME

List all income received in the previous 30 days for all household members. For example, a type of income could be employment, unemployment, child support, or other government resource, etc. The first two rows are listed as examples.

Type of Income	Monthly Income	Verification	Household Member
Part-time work at BP gas station	\$750.00	Check stubs from the last 30 days	John Doe
SSI benefit	\$873.00	Printout from SSA.gov	Jane Doe
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

ASSETS

List all current assets for all household members. For example, an asset could be a vehicle, boat or snowmobile, a retirement account, or a savings account. The first two rows are listed as examples.

Type of Asset	Current Value	Verification	Asset Owner
Checking Account	\$95.00	BMO Harris Bank statement	John Doe
1998 Toyota Camry	\$950.00	Kelly Blue Book	John Doe
	\$		
	\$		
	\$		

If you checked the IMPENDING HOMELESSNESS box, answer the following questions:

Yes No Do you have an eviction notice or a foreclosure notice?

If "Yes", when did you get the eviction or foreclosure notice? _____ (Enter a date in mm/dd/yyyy format)

Please describe what happened to make it difficult to pay your rent or mortgage payment?

Provide current landlord / management company name and name of contact person.

Provide current landlord / management company telephone number.

Provide current landlord / management company mailing address (Street, City, State Zip Code)

Yes No Do you need a different home because your rental housing is in foreclosure?

If "Yes", when does your family have to leave? _____ (Enter a date in mm/dd/yyyy format)

Yes No Has a building or housing inspector or public health official decided your home is not safe to live in?

If "Yes", when did the building or housing inspector or public health official decide this? _____ (Enter date in mm/dd/yyyy)

Yes No Do you have a housing inspection report?

If you checked the HOMELESSNESS box, answer the following questions:

Yes No Do you lack a regular place to live, sleep in a place not meant for sleeping, or sleep in someone else's household temporarily?

If "Yes", when did this start? _____ (Enter date in mm/dd/yyyy format)

Yes No Do you plan to get a permanent place to live?

Yes No Are you staying in a shelter for domestic abuse?

Yes No Has a building or housing inspector or public health official decided your home is not safe to live in?

If "Yes", when did the building or housing inspector or public health official decide this? _____ (Enter date in mm/dd/yyyy)

Yes No Do you have a housing inspection report?

If you checked the ENERGY CRISIS box, answer the following questions:

Yes No Does your family need financial assistance to get or keep heat, electricity, water, or sewer service?

If "Yes", please describe what happened to make it difficult to pay your utility bill.

If "Yes", what help has your family applied for received and/or awaiting approval? Include name of _____ and amount received.

Yes No Does your family have an immediate threat to its health and safety from an Energy Crisis?

HOUSEHOLD MEMBERS

Please list all people in your household at the time of the emergency and who will stay in your household if moving. List yourself on the first line.

Give your social security number (SSN). Your social security number will be used to verify information relating to your Emergency Assistance application. If you do not provide the SSNs for everyone in your household, your application may be denied.

Mark "Yes" or "No" to show if each person is a US Citizen or a Qualified Non-Citizen.

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	\$		
	\$		

SIGNATURES AND ASSURANCES

A Tunica-Biloxi staff person will read through each of these statements with you to make sure you have an opportunity to ask questions. You must initial each statement to indicate that you have read and understand it.

I understand the questions and statements on this Application.

I understand that I must not give false information about myself or my household members. This includes:

1. Make false or misleading statements.
2. Misrepresent or withhold facts.
3. Act in a way intended to mislead or misrepresent or withhold facts.

I understand that if I, or one of my household members with my knowledge, is found to have intentionally given false information so that I can be eligible for EA I can be denied EA payments.

- If I, or one of my household members with my knowledge, am found to have intentionally given false information 1 time, I will be denied EA eligibility for 6 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 2 times, I will be denied EA eligibility for 12 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 3 times, I will be denied EA eligibility permanently. I understand that I may also be prosecuted for fraud if I intentionally give false information to receive payments at any time.
- I understand that I have to pay back any EA payments that I get by mistake.

I agree to provide documents to prove my statements if it is requested and I understand that the TBHA may contact other persons or organizations to obtain the necessary proof of my eligibility and level of any payment.

I am a member of the Tunica Biloxi Tribe.

I understand the emergency I am applying for cannot be caused by refusing to accept employment or training for employment without good cause.

I understand that if I do not agree with the 's decision regarding my Emergency Assistance Application, I may request a Fact Finding Review by writing to or calling the TBHD that made the application decision. I must do this within 45 calendar days of the decision date.

I authorize the TBHD to request and receive any information that is appropriate and necessary for the proper administration of the Emergency Assistance program. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting , employer, or educational institution is authorized to release this information.

SIGNATURE – Applicant	Date Signed
SIGNATURE – Other adult	Date Signed
SIGNATURE – Authorized Representative, if applicant is unable to sign	Date Signed
SIGNATURE – THBD Representative	Date Signed

Additional Information for the Emergency Assistance (EA) Application

Completing the EA Application: You have the right to complete and sign the EA Application on the same day that you request EA. The TBHD will determine whether you are eligible for EA. If you are eligible for EA, the TBHD usually will issue payment within five working days of the date you sign the Application.

Complete the application to the best of your ability. The remaining application questions will be completed by a TBHD staff person with information that you provide. When the staff person completes the application with you, be sure to review the information with the staff person when it has been completed.

The TBHD will meet with you in-person. When you come to the TBHD, be sure to bring all documents that show relevant information for all Application items such as:

- Social security number (SSN) card;
- Pay stubs and other income documents;
- Layoff notice;
- Termination notice;
- Job quit notice (and reason for job quit);
- Eviction notice; Mortgage foreclosure notice;
- Notice to vacate property; and
- Other relevant documents.

Financial Eligibility: The TBHD will determine financial eligibility based on your income and assets. Your income must be at or below 80 % of the Area Median Income (AMI).

Financial Need: Emergency Assistance may help to pay for certain expenses up to the Maximum Payment Amount.

- Impending Homelessness: Unpaid rent/mortgage, first month's rent, security deposit, late fees, court costs.
- Homelessness: First month's rent, security deposit, necessary household items.
- Fire, Flood, Natural Disaster: Temporary housing, first month's rent, security deposit, clothing, food, medical care, transportation, necessary household appliances and household items, necessary home repairs.
- Energy Crisis: Home heating, electricity, water

Fact Finding Review: You have the right to use the Fact Finding Review process as a way to resolve disputes. You may request a Fact Finding Review if (1) the TBHD does not take action on the EA Application within a reasonable amount of time, or (2) the EA Application was denied, (3) The EA Payment amount was modified or cancelled, or (4) you believe the payment amount was not calculated correctly. The Fact Finding Review request must be made within 45 days of the action that is in dispute.

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