

**KLETSEL DEHE WINTUN NATION
COVID-19 HOUSING ASSISTANCE PROGRAM
PROGRAM GUIDANCE SHEET**

PROGRAM OVERVIEW AND REQUIREMENTS

- **Must be a tribal citizen of the Kletsel Dehe Wintun Nation and have incurred a negative financial impact due to the COVID-19 Pandemic.**
- Only one application per qualifying request
- Housing assistance is capped at **\$1,500** and can only be requested once per month, per household and individual tribal citizen qualified and approved for the assistance.
- Subleased rental units cannot be assisted. (No rental assistance for single room rent)
- Rental payments to family members who are identified in the rental agreement as the landlord cannot be assisted with.
- Must attach all required documentation (Completed and signed application form, rental agreement / mortgage documentation)
- **Incomplete applications will be denied and returned.**

KLETSEL DEHE WINTUN NATION
COVID-19 ASSISTANCE PROGRAM APPLICATION
Rental/Mortgage Assistance Request Form

Tribal Citizen (Printed) Name: _____

Current Mailing Address: _____

(City) _____ (State) _____ (Zip) _____

Phone Number: _____ Enrollment #: _____

Email Address: _____

Have you (or someone in your household) experienced a negative economic impact from the COVID19 pandemic?

Yes No

If you have been negatively impacted by COVID-19 please explain (*Check all that apply*):

- I (or someone in my household) is unemployed, had hours cut back, been furloughed or put on unpaid leave due to the pandemic.
- I (or someone in my household) is unable to work or experience financial hardship due to lack of availability of childcare services due to COVID-19.
- I (or someone in my household) has had to close my small business due to COVID-19.
- I (or someone in my household) have experienced a sharp increase in the cost of living, including but not limited to the cost of essential and basic services such as housing, utilities, and food costs etc.
- I (or someone in my household) is experiencing significantly increased medical costs or lost health insurance due to COVID-19.
- I (or someone in my household) has had to leave on-campus student housing due to COVID-19.
- I (or someone in my household) is unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19.
- I (or someone in my household) is experience other financial hardship due to COVID-19 (Please explain) _____

HOUSING ASSISTANCE:

RENTAL ASSISTANCE:

LL or Company name: _____

Payment mailing address _____

City: _____ State: _____ Zip: _____

My monthly rent amount is: \$ _____

I am requesting rental assistance for the month of: _____

My rent due date is: _____

I am requesting full rental assistance if the monthly rent payment is less than \$1,500.00 per month, or partial rental assistance if the rent payment exceeds \$1,500.00 per month.

(Check only the one that applies) "\$1,500.00 is the program cap for assistance"

Apply full payment Apply partial payment of: \$ _____

If applying partial payment assistance,

my share of the remaining payment is: \$ _____

(Check only the one that applies)

Mail payment directly to the LL or Company

Mail the payment to my mailing address, I will hand deliver the payment

PLEASE NOTE: *If the housing unit is not in your name but this is your primary residence, complete the responsibility statement below:*

I am taking responsibility for the payment of this rent. (My name must be listed on rental lease agreement)

My primary residence is at _____

The name of the leaseholder is: _____

He/She is my: _____.

I certify that the information provided on this application is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to denial of any further assistance from this program; and

I certify that I am the only person in my household who has applied for this COVID-19 Program Assistance to be applied to this payment at this time.

Applicant Signature

Date

Please return completed application and all required documentation to:

info@kdwn.org or Mail to Attn: Tribal Administration, P.O. Box 1630 Williams CA, 95987

HOUSING ASSISTANCE:

MORTGAGE ASSISTANCE:

NOTE: All tribal financial relief fund programs (TFRF) administered by the Nation including the Mortgage Assistance Program are **NEEDS Based Programs**, for example, if you make a full mortgage payment for the same month you are requesting full mortgage assistance for and if the combined amounts are greater than your amount due on your billing statement, you may be sanctioned by not being able to submit for assistance in the following month, or by being barred from the program if repeated occurrences of overpayments to the mortgage company occur.

Mortgage company name: _____

Company payment mailing address _____

City: _____ State: _____ Zip: _____

My monthly mortgage amount is: \$ _____

I am requesting mortgage assistance for the month of: _____

My mortgage due date is: _____

I am requesting full mortgage assistance if the monthly mortgage payment is less than \$1,500.00 per month, or partial payment assistance if the monthly mortgage payment exceeds \$1,500.00 per month.

(Check only the one that applies) "\$1,500.00 is the program cap for assistance"

Apply full payment Apply partial payment of: \$ _____

If applying full payment assistance,

my share of the remaining payment is: \$ _____

(Check only the one that applies)

Mail payment directly to the company

Mail the payment to my mailing address, I will hand deliver the payment

I certify that the information provided on this application is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to denial of any further assistance from this program; and

I certify that I am the only person in my household who has applied for this COVID-19 Program Assistance to be applied to this payment at this time.

Applicant Signature

Date

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