### *the* Catawba Nation

### Catawba Nation Tribal Resources Division

# **HOUSING ASSISTANCE APPLICATION**

APPLICANT PERSONAL AND CONTACT INFORMATION						
APPLICANT FULL NAME:						
DATE OF BIRTH:		TRIBAL ENROLLME	ENT #			
PHYSICAL ADDRESS:						
CITY, ZIP						
PHONE NUMBER:		EMAIL ADDRESS:				
MARITAL STATUS:	ļ	ARE YOU OR YOUR SE	OUSE A VETERAN?			

### HOUSEHOLD MEMBER INFORMATION

(PLEASE LIST ALL PERSONS LIVING IN HOUSEHOLD ON A PERMANENT BASIS)

NAME	DATE OF BIRTH	LAST 4 DIGITS OF SSN	TRIBAL ENROLLMENT #	ANNUAL OR MONTHLY INCOME	INCOME SOURCE

\*\*IF NOT APPLICABLE PLEASE RESPOND WITH NA\*\*

**DESCRIPTION OF ASSISTANCE REQUESTED** 

(IF YOU ARE REQUESTING ASSISTANCE WITH REPAIRS, PLEASE DESCRIBE THE REPAIRS YOU ARE REQUESTING)

Please check all emergency repairs that apply:

Roof HVAC System Medical Handicap Ramp Water Intrusion Inoperable septic or well

Please list all other issues with the home:

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## Catawba Nation Tribal Resources Division HOUSING ASSISTANCE APPLICATION

### CONFIRMATION OF FINANCIAL NEED

By submitting this application, I hereby certify that I have suffered from a financial hardship due to the COVID-19 public emergency. I certify that all information provided in this application is accurate. Have one or more individuals in your household experienced and of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (Check all that apply)

- □ A Reduction in household Income
- Loss of Employment/Temporary Layoff/ Or Furlough
- □ Reduction in hours/pay.
- Unable to work or experiencing financial hardship due to no childcare/school.
- Underlaying medical condition requiring staying home to prevent exposure.
- □ Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic
- Disabled and enduring increased costs because of the COVID-19 pandemic
- □ Incurred significant costs (hospital bills, medication costs, etc.)
- Other Financial hardship; List: \_\_\_\_\_

I acknowledge that although the Tribe intents the most favorable tax treatment available under the General Welfare Exclusion Act established under the Internal Revenue Code Section 139E. The Tribe will not be responsible for payment of any tax penalties, interest, or other costs incurred by recipients in connection with their receipt of emergency financial assistance under the program. I acknowledge that the Tribe does not provide tax, legal, or accounting advice, and that I am solely responsible for obtaining advice regarding my personal tax obligations with respect to any financial assistance that I receive.

PRINTED NAME:
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DATE:

### **SIGNATURE:**

I hereby authorize the use or disclosure of the information contained in this application for the purpose of making repairs as needed to my home.

HOW TO SUBMIT THIS APPLICATION						
SUBMIT BY MAIL: Attn: Brooke Wright 996 Avenue of the Nations Rock Hill, SC 29730	MAKE AN APPOINTMENT TO DROP OFF IN PERSON: 803-366-4792 Ask for Brooke Wright	SUBMIT BY EMAIL: Housing.rehab@catawba.com				

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## Catawba Nation Tribal Resources Division HOUSING ASSISTANCE APPLICATION



EMERGENCY APPLICATIONS WILL BE ACCEPTED ON AN ONGOING BASIS

PROCESS AND TIMELINE				
HOUSING ASSISTANCE APPLICATIONS DUE TO TRIBAL RESOURCES DIVISION	JANUARY 31, 2024			
HOME EVALUATIONS CONDUCTED	JAN-MAR 2024			
APPLICATION RANKING	MARCH 2024			
HOME REPAIRS SCHEDULED	APRIL – JULY 2024			
HOUSING ASSISTANCE APPLICATION WINDOW REOPENS*	MARCH 2024			
HOME EVALUATIONS CONDUCTED	MARCH-MAY 2024			
APPLICATION RANKING	MAY 2024			
HOME REPAIRS SCHEDULED	JUNE-SEPT 2024			

\*PENDING AVAILABILITY OF FUNDING