

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 been genuinely financially impacted by the COVID-19 Pandemic**
- Only one application per qualifying request
- Housing assistance is capped at **\$1,000** 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)
- All 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) been financially impacted because of the COVID-19 pandemic?

Yes No

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

- I (or someone in my household) became unemployed, had hours cut back, been furloughed or put on unpaid leave due to COVID-19.
- I (or someone in my household) is unable to work or experience financial hardship due to no childcare/school 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) 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 experience financial hardship due to shelter in place orders or closure 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:

I am requesting financial assistance in the following category:

- Rent (Must attach the most recent rental agreement)
 Mortgage (Must attach mortgage payment documents)

Landlord/Company _____

Monthly Rent/Mortgage Amount: \$ _____)

Address: _____

City: _____ State: _____ Zip: _____

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

I am responsible for my portion of the payment of the rent/mortgage.

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