

Walker River Housing Department
P.O. Box 238/ 1063 Hospital Road
Schurz, NV 89427
(775) 773-2334

Utility Assistance Program (COVID-19)
Application

GENERAL APPLICANT INFORMATION:

First Name: _____ Initial: _____ Last Name: _____

Date of Birth: _____ Social Security #: _____

Physical Address: _____ Schurz, Nevada 89427

Type of residence: Homebuyer Homeowner Rental Unit

Please complete the Mailing address if it is different than the physical address.

Mailing Address: _____ Schurz, Nevada 89427

Phone #: _____ Work Phone #: _____

Household Information

Family Composition: (list all persons residing in your home)

	Name:	Relation to you:	D.O.B.	Sex: (M or F)	Social Security #:	Employed? Yes/No
1.						
2.						
3.						
4.						
5.						
6.						

** Social Security numbers are required.

** All persons who reside in the home MUST be listed. This includes all persons who have been in the home for over 30 days.

** Failure to list all persons residing in your home will result in your application being denied.

CURRENT EMPLOYER INFORMATION:

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Yrs. On job: _____ Hourly Wage \$: _____ Annual Income \$: _____

Position: _____

Other Income:

Source	Rate per Month	Total per year
TANF	\$	
Social Security	\$	
S.S.I.	\$	
Unemployment	\$	
Pensions	\$	
Leases	\$	
Own Business	\$	
Other**	\$	

** Other Source of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income you receive or your household receives. Please do not list income that cannot be anticipated with certainty.

- A. Total family income for the next 12 months: \$ _____
- B. Please Attach copies of the most recent paystubs or proof of income for all applicable members of the family and complete the Income Verification Form for all employed household members.

ADDITIONAL QUESTIONS:

- Are you an enrolled member of the Walker River Paiute Tribe? _____ enrollment #: _____
- Do you reside on the Walker River Paiute Tribe Reservation? _____
- Have you received similar assistance through other state programs? _____ If yes, amount of assistance received? _____
- Do you receive: Food stamps, TANF, or Commodities? _____ If yes, amount per month? _____
- Have you or anyone in your household been subject to a lifetime state sex offender registration program? If yes, give nature and date of arrest: _____
- Have you ever been arrested or convicted for any crime involving illegal drugs? Yes _____ No _____ If yes, give nature and date of arrest/conviction: _____
- How has COVID-19 directly affected you and your household during this time: (explain in box below)

(Please explain here)

COVID-19- REQUEST FOR UTILITY ASSISTANCE: (List the following utility services that you are requesting assistance with)

Type of Utility & Account Number	Name of Utility Provider:	Amount needing to be paid?	Date due:
<i>EX: Electricity (acct: 361258566)</i>	<i>NV ENERGY</i>	<i>\$30.00</i>	<i>Due on 6/30/2020</i>

Other requests: (pellets, propane, etc.) *If requesting propane please list your provider and your current propane percentage:*

If approved, the maximum allowed assistance is \$250.00 per month. Only one (1) applicant per household. All utility assistance will be paid directly to the utility provider.

****Please submit a copy of your utility statement to verify the Utility Provider and the amount owed.**

All assistance is contingent upon staff availability and funding. Assistance cannot exceed the maximum allowed amount of \$250.00 per month.

Signature and consent to release information:

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Walker River Paiute Tribe to obtain any and all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform the Tribe if there is any change in my family status along with reporting any changes in my household income, living conditions, and change of address.

- Release and Consent I, _____, have submitted an application to the Walker River Housing Department requesting assistance. As part of the process in being considered for the program, Walker River Housing may verify information contained in my application and other documents as required in connection with the application. I authorize you to provide Walker River Housing Department for verification purposes the following applicable information: • Past and present employment verification • *Proof of income and/or assistance • Past and Present participation in any HUD related programs. I understand that under the

Right to Privacy Act of 1978, 12 U.S.C. 3401, et seq., Walker River Housing is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving myself will be available to Walker River Housing without further notice of authorization, but will not be disclosed or released by Walker River Housing to any other government agency or department or used for any other purpose without my consent except as required or permitted by law. This authorization is valid for the life of the participation in the Program. The recipient of this form may rely on the government's representation that this program is still in existence. The information Walker River Housing obtains is only to be used to process my application for assistance through the housing department. This authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act Information unless the Privacy Act information has changed concerning use of such information. A copy of this authorization may be accepted as an original. Your prompt attention is appreciated.

Applicant's Signature

Date

Walker River Housing Department
P.O. Box 238/ 1063 Hospital Road
Schurz, NV 89427
(775) 773-2334 Fax: 773-2340
Email: wrhdresidentservices@wrpt.org

Walker River Housing Department Utility Assistance Program-COVID-19

*Approved 8/13/2020
WR-71-2020*

This Statement of Assistance Policy complies with the Indian Housing Plan of the Walker River Paiute Tribe, in regards to the CARES Funding that was approved in response to the COVID-19 pandemic. This policy is a temporary policy and is subject to end on September 30, 2025.

1. GENERAL PROVISIONS

A. Purpose

The purpose of this statement is to provide utility assistance to eligible community members residing on the Walker River Paiute Tribe reservation to ensure continued essential utility services in response to the COVID-19 pandemic. This policy will be used for all utility services, such as, but not limited to: NV Energy, Propane, Diesel fuel, pellets, wood, and other essential utilities. This policy DOES NOT include water/sewage.

B. Application of Policy

This policy is applicable to all eligible persons residing on the Walker Rive Paiute Tribal Reservation.

C. Availability

This service will be provided from August 1, 2020 and is subject to end on September 30, 2025. These services will be contingent on availability of funding and resources.

2. ELIGIBILITY REQUIREMENTS

A. Income Requirements

- a. Low-income persons residing on the Walker River Paiute Reservation, whose income does not exceed 80 percent of the median income for this area, as determined by the Secretary of Housing and Urban Development, with adjustments made based on household size.
 - i. Maximum assistance based on availability of funding.
- b. Non-Low Income persons residing on the Walker River Paiute Reservation, whose income exceeds 80 percent of the median income, but does not

exceed 100% of the median income for this area, as determined by the Secretary of Housing and Urban Development, with adjustments made based on household size.

- i. Maximum assistance based on availability of funding.
- c. Non-Tribal residents, residing on the Walker River Paiute Reservation, whose income /does not exceed 80 percent of the median income for this area, as determined by the Secretary of Housing and Urban Development, with adjustments made based on household size.
 - i. Maximum based on availability of funding.
- B. Must reside within the boundaries of the Walker River Paiute Reservation

3. ADDITIONAL CRITERIA

- A. One (1) applicant per household.
- B. Must submit utility statements. Utility statements must be in your name or your spouse's name.
- C. Application
 - a. Persons must fill out an application for Utility Assistance (COVID-19). This is the basic record of each person applying for services. Each applicant will be required to provide all information as requested, sign all necessary forms, and provide documentation of income for their household.
 - i. All information provided to the Walker River Housing Department is confidential and will be used for the purpose of determining eligibility.

4. APPROVAL

- A. Each application will be reviewed by the Executive Director or the designated employee for eligibility.
- B. All applications will be considered with priority given to tribal members.
- C. The limit of no more than \$250.00 per month will be allowed, per applicant. All funding will be contingent upon availability of funds.
 - a. Pellets will be delivered in increments of 10 bags at a time/per week.
 - i. Pellets will not be available May 1 – October 1.
 - b. Applicant must contact WRHD to place an order for propane when their propane tank is low. Propane will be ordered at 100 gallons per delivery.
 - c. Wood will be delivered based on what WRHD has and the wood will be delivered by the truck load. WRHD will not stack the wood or take preferences for a specific type of wood.
 - i. Wood will not be available May 1 – October 1.

Please see section C. Availability and Section 2. Eligibility Requirements Line i./ to determine the maximum assistance time allowed.