

*Narragansett Indian Tribe*  
*Department of Housing*  
4080 South County Trail, Unit 8  
Charlestown, RI 02813  
1-401-364-1100 ext. 209/233  
Fax 1-401-213-6071

Dear Tribal Member:

Enclosed is the information you requested for:

- Security deposit & 1st month's rental assistance, (*Available to reapply every three years, if needed.*)
- Subsidy Rental Assistance – (*A one-time support up to \$200 per month for up to two years*)
- Assistance foreclosure/taxes homelessness prevention (NTE \$5,000-Once every 3 years)
- Utility Subsidy (Once every 24 months).

First, please read the enclosed information packet, then complete the application and sign where applicable. **Be sure to checkmark the type(s) of assistance sought on the first page of the application.** **Note: incomplete applications and those without proper documentation halt further processing.**

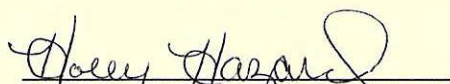
Once completed, return your application with documentation that establishes program eligibility. Documentation includes:

- (1) Proof of Narragansett Indian Tribal Enrollment and
- (2) Income documentation for all resident household members (Tribal and non-tribal) 18 years of age and older. Income documentation can be the most current year's official IRS 1040 form, copy of SSI/SSA, Workers Compensation, or Last three (3) consecutive Pay Stubs. If you do not presently have an income, you must submit either official 1040 tax returns from the last two years or submit a notarized statement attesting your present income/income outlook status.
- (3) If applicable, Homelessness Prevention documentation (i.e., Foreclosure notice, Rental Demand or Quit Notice or utility shut off notice).

Once eligibility is established, you will be informed in writing. Notice: Service is first-come-first served on an annual or one-time basis, depending on the assistance sought, unless funding is no longer available. If resources have depleted, your name is added to a wait list until funding resumes.

**Please expect up to a 21-day turnaround for application processing with a fully completed application including all supporting documentation.** If your situation fits our Homelessness Prevention program and funding is available, efforts will be extended to assist you in a timely manner. If you have any questions, please feel free to contact the Department of Housing at (401)-364-1100 ext. 209.

Sincerely,

  
Holly Hazard, Director of Housing

P.O. Box 268 • Charlestown • Rhode Island 02813



## **Narragansett Indian Housing Department Tenant Based Assistance & Housing Services Program**

4080 South County Trail Unit #8  
P.O. Box 268, Charlestown, RI 02813  
Phone Number (401) 364-1100 x 209 and Fax (401) 213-6071

### **POLICY STATEMENT**

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The governing body of the Narragansett Indian Tribe (NIT) recognizes the need to develop a program that provides assistance to low income tribal members whose needs cannot be met through the existing housing programs. This program is created to provide housing related assistance to eligible families. NIT will implement the Tenant Based Assistance Program in a manner consistent with the overall mission of providing safe, decent and affordable housing for Narragansett Tribal members.

Resolution TC-102522-02

### **GENERAL INFORMATION**

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#### **Eligibility & Admission**

1. The eligibility and admission criteria for assistance utilizing this program shall be the same as those described in the NIT Eligibility, Admission & Occupancy Policies & Procedures. The Occupancy requirements described in this document apply to the Housing Department's Tenant Based Assistance and Housing Services Program.
2. If a submitted application does not meet the established criteria, then that family or person(s) will be referred to other state or local agencies for housing assistance.
3. Applicants who owe NIT money are not eligible to receive assistance.
4. Any Applicant previously terminated or evicted from any housing program administered by NIT is not eligible to receive assistance.
5. A participant may not simultaneously receive rental assistance and any other form of housing subsidy for the same dwelling.
6. Subsidy assistance provided through this program is only available within the state of Rhode Island.



## TYPES OF ASSISTANCE: RENTAL AND HOMEOWNER

### **RI - TENANT BASED SUBSIDY ASSISTANCE**

The monthly maximum is **\$200.00 a month up to one year**. A client's rent to income ratio determines the amount per month. This program is further explained at the Intake Interview process.

Subsidy Assistance (up to 2 years maximum) is available for tribal members who qualify and complete program requirements, based on funding availability. *This is a one-time temporary support.*

### **HOMELESS PREVENTION/SERVICES**

- 1) Utility Subsidies: The NIT may provide short-term utility subsidies to eligible tribal families. The maximum is \$750.00 per family to defray water, electricity, propane, natural gas, or fuel oil costs. NIT makes direct payments to the utility company. Applicants must submit a shut-off notice or other documentation demonstrating the need for assistance. Note: Service Assistance Restriction is limited to once every 24 months (2 years) per family.
- 2) Payments to Prevent Homelessness (Foreclosure or Eviction within the United States of America):
  - Homeowners - The maximum assistance is two months for mortgage payments or two quarters for delinquent property taxes, which may not exceed \$5,000.00 per family in a 3 year time period. Applicants must submit a delinquency notice for mortgage or taxes, or a foreclosure notice.
  - Rental tenants - This assistance provides service to prevent eviction for eligible families. A demand/eviction notice or other documentation must accompany your application demonstrating the need for assistance. The maximum assistance allowed is \$5,000.00 per family in a 3 year time period.

**NIT makes direct payments to the financial institution, county or landlord.**

- 3) Security Deposit and/or First Month's Rent Assistance: The NIT may provide assistance to Narragansett tribal members who are unable to pay their security deposits and/or first month's rent. The maximum amount cannot exceed \$2,000.00 for payment of a security deposit and/or first month's rent. The NIT makes direct payment to the property owner NOT the tenant. The security deposit is portable (Returnable to you upon exit from your rental unit) for future security deposit use. Tribal members may apply once every 3 years if there is a need.



## Housing Department

This application is subject to the Privacy Act of 1974, Pub. L. 93-579.  
Please answer all questions. Incomplete applications will delay processing.

*Expect up to a 14 days for processing with a fully completed application & supporting documentation*

### A. APPLICANT INFORMATION

DATE OF APPLICATION:     /     /

Your status 1. <input type="checkbox"/> Renter  <input type="checkbox"/> Owner	Check the Program Assistance you are Seeking: <input type="checkbox"/> Sec Dep and /or 1 <sup>st</sup> Mon <input type="checkbox"/> Utility/Shut-Off Notice <input type="checkbox"/> Elect <input type="checkbox"/> Gas <input type="checkbox"/> Oil  <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Mortgage/Taxes  Subsidy (Circle one)    Yr 1    or    (Recertification)    Yr 2
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2. Name	Last	First	MI	Maiden Name, if any
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3. Current Address	Street Address	P.O. Box #, if any
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City	State	Zip Code
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4. Phone Number	(     )	Email:
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5. Date of Birth:	Social Security # last 4 digits:
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6. Tribe:	Narragansett    Yes    or    No	Roll Number:
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7. Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/>
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If Other checked, please explain.	
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### Information about Spouse

8. Name:	(Last)	(First)	(MI)	(Maiden Name, if any)
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9. Date of Birth	
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### B: FAMILY INFORMATION:

List all other persons who will be living in household on a permanent basis. Beginning with the oldest, provide Name, Date of Birth, Social Security Number last 4 digits, Relationship to Applicant, Tribal Affiliation and Roll Number (if applicable). (Use separate sheet if needed).

NAME:	D.O.B.	S.S. #	RELATIONSHIP	Work Status

If you need more space, please use a blank sheet of paper.



**C. INCOME INFORMATION**

12. **Earned Income:** Beginning with the applicant, list all permanent family members, who are 18 years of age or older. Include everyone listed under Parts A and B who have earned income. Provide signed copies of SF-1040 (income tax return), wage stubs, etc. for verification.

NAME	ANNUAL EARNED INCOME	SOURCE OF INCOME

Total annual earned income: \$ \_\_\_\_\_

13. **Unearned Income:** Beginning with the applicant, list all permanent family members who are 18 years of age or older. Include everyone listed under Parts A and B who have unearned income, for example: social security, retirement, disability and unemployment benefits, child support and alimony, royalties, per capita payments, interest. Provide check stubs, statements, individual Indian Money (IIM) ledgers for verification.

NAME	ANNUAL UNEARNED INCOME	SOURCE OF INCOME

Total annual unearned income: \$ \_\_\_\_\_

14. **TOTAL COMBINED ANNUAL HOUSEHOLD INCOME** (from lines 12 and 13): \$ \_\_\_\_\_

**D. GENERAL INFORMATION**

15.	Have you—or anyone in your household—ever received Housing Assistance from the Tribe before? Yes _____ No _____
	If yes, Department Assistance was received from _____ Date _____, Amount \$ _____
	Explanation: _____ _____

**E. POTENTIAL APPEARANCE OF CONFLICT OF INTEREST**

- Please circle if you or anyone in your household: 1). has a Parent 2). a Sibling 3). Is a Parent working on the Narragansett Indian Tribal Council or Housing staff?  
If yes, provide the individual's name and circle either: 1). NIT Tribal Council 2). Housing staff member  
\_\_\_\_\_
- Are you a member of, or received services from another organization that acted in any manner or conducted affairs in the name of or behalf of the Narragansett Indian Tribe? If yes, name of organization/help received.  
\_\_\_\_\_

**F. APPLICATION CERTIFICATION:** Review certification carefully before signing and dating in ink. I certify that all answers given are (1) true, complete and correct to the best of my knowledge and belief and (2) made in good faith. (I understand that false or misleading statements to receive assistance may constitute violation of 18 USC 1001 and forfeiture of service and that information provided is solely to determine eligibility for resource assistance.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date



**Housing Department**  
**4080 South County Trail Unit #8**  
PO Box 268  
Charlestown, RI 02813  
Ph: (401) 364-1100 Ext. 209  
Fax: (401) 213-6071

### **AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize the Narragansett Indian Tribe Housing Department to inquire and or exchange information with any pertinent agency to processing this application for assistance through the Housing Department.

The Housing Department will hold any information obtained or released during this application process for services strictly confidential in accordance with applicable federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Director/Authorized Staff

\_\_\_\_\_  
Date

