



## Taos Pueblo Housing Authority

P.O. Box 2570 - 925 Spider Rock Rd.

Taos, NM 87571

Phone: (575) 737-9704 Fax: (575) 737-9664

www.taospueblohousingauthority.org

### **COVID-19 - CARES ASSISTANCE PROGRAM**

Dear Tribal Residents:

The CARES Assistance Program is for assisting households that have financial hardship due directly to the COVID-19 pandemic. Services provided to families may be to reduce severe overcrowding, including utility assistance for low to mid – income eligible Native American families. (See below)

- Rehabilitation of housing to reduce overcrowding, for example, large rooms that can be partitioned for privacy and distancing. Program includes minor roof repairs, door and window repairs and/or replacements (for ventilation), bathroom repairs, improvement to heating, electrical and plumbing systems.
- Utility assistance: (gas/propane, electricity and water/sewer).

Home rehabilitation and utility assistance can only be provided to those applicants who have not received any similar assistance in the past two months from **Tribal resources or other sources such as through the Federal, State or Town of Taos to avoid duplication of benefits**. Duplication of benefits occurs when Federal financial assistance is provided to a person through a program to address losses resulting from a Federally-declared emergency or disaster, and the person has received financial assistance for the same costs from other sources (including insurance), and the total amount received exceeds the total need for those costs.

If approved for either assistance, you will be notified by mail. Utility payment(s) will be delivered directly to the utility company by the Housing Authority.

**INSTRUCTIONS:** Fill out application COMPLETELY, attach required documentation and drop off at the TPHA office Monday through Friday 8 a.m. to 5:00 p.m. You may also contact us if you need assistance. If dropping off application on weekends or after hours, we have a drop box outside next to the main door, or mail to P.O. Box 2570, Taos, NM 87571.

**The following information is required to process your application (bring in original documentation and we'll make copies for our records):**

1. Verification of Tribal enrollment at Taos Pueblo for Head of Household: must provide a Tribal ID or official document from the Tribal enrollment office.
2. All family members on the application must have social security numbers listed.
3. Income verification is needed for all family members 18 years of age and older: Recent check stubs, employer statements, prior year tax returns, affidavit of unemployment, or social security benefit awards may be used.
4. **Utility assistance applicants: include two (2) recent billing invoices** from utility company(s) indicating the amount due, account number and physical address on the document. The head of household's name **must** be listed on the utility bill.
5. Applicant, please be sure to sign section 6 that states that you have not received utility assistance during the COVID-19 pandemic. This is to avoid Duplication of Benefits (DOB) per guidelines.
6. For those requesting Home Rehabilitation services, you must provide proof of homeownership along with documents requested above. (Proof of home ownership may be obtained from the Realty Office at CMS)

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You may contact Taos Pueblo Housing Authority for more information at the phone number listed above.





# TAOS PUEBLO HOUSING AUTHORITY

## CARES ASSISTANCE APPLICATION

Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**1. Please check below your request for assistance:**

- Utility Assistance
- Home Rehabilitation to prevent homelessness and overcrowding in the home, please explain need: (use reverse side of this form, if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your current residence a Housing & Urban Development (HUD) unit? \_\_\_ YES \_\_\_ NO  
 If **yes**, what year? \_\_\_\_  
 If self-built, what year was home built? \_\_\_\_\_

**2. Check ONE to TWO boxes below. Provide the name, address & phone # of utility company to where payment will be directed. A recent billing invoice **must** be attached for each choice.**

- Gas/Propane     
  Electric     
  Water/Sewer     
  Septic

- Name of Utility Co.: \_\_\_\_\_ Account # \_\_\_\_\_
- Name of Utility Co.: \_\_\_\_\_ Account # \_\_\_\_\_

**3. Household Composition: Persons who live in your home (include yourself). Social Security number(s) are required for all household members.**

Mbr #	Name	Social Security No.	Date of Birth	Relationship	Gender	Tribal member? If no, list affiliation
1				<i>Head of Household</i>		
2						
3						
4						
5						
6						

**4. Family Income Verification:** List income below for each person living in your home 18 yrs. or over.

Source of Income: Employer, Social Security, self-employed, etc. **(Must provide verification, for example: paystub)**

Mbr #	Source of Income(s)/Address	Full time Part time Unemployed?	Monthly Income	Total Per/Year
1 <i>Head of Household</i>				
2				
3				
4				

(If more space is needed use reverse side of this page.)

**5. Taos Pueblo Housing Authority serves eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent.**

Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on a diagnosis of COVID-19.
- Required to self-quarantine based on a health order of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.
- Required to self-quarantine based on age over 65 or health condition that places him/her at enhanced risk for COVID-19.
- Suffered a substantial loss of Income from COVID-19, including:
  - Job loss;
  - Reduction in compensation;
  - Closure of place of employment;
- Obligation to be absent from work to care for home-bound school-aged child; or
- Other pertinent circumstances:

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- Experienced a large unexpected medical cost related to COVID-19.

Briefly explain or clarify your reduction of income or unexpected medical costs. If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost /reduced income:

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**6. 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 Taos Pueblo Housing Authority to obtain any and all information necessary for the purpose of verifying the statements made above. I hereby certify that all information contained herein is accurate to the best of my knowledge and I understand that knowingly providing false information are grounds for denial for assistance or cancellation of assistance.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**7. Affirmation of not having received any county, state, federal or of like assistance per Duplication of benefits (DOB) guidelines.**

*I hereby affirm that I have not received any COVID-19 assistance financial assistance for the same costs from any other source (including insurance) in the past two months for utilities or Home Rehabilitation through other Federal, State or Local sources: \_\_\_\_\_ (initial here).*

If you received assistance, please indicate what type and when and if still receiving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**APPLICATION STATUS (TPHA Use Only)**

Denied: \_\_\_ Recommended: \_\_\_ by: \_\_\_\_\_ Reason: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Forward for processing to: \_\_\_\_\_ Date \_\_\_\_\_

Date applicant informed of application status: \_\_\_\_\_  Phone  Email  Mail

2nd application for assistance Date: \_\_\_\_\_  3<sup>rd</sup> application for assistance Date: \_\_\_\_\_



# **ICDBG CARES ASSISTANCE PROGRAM**

## **ELIGIBILITY DETERMINATION (TPHA Use Only)**

<sup>1</sup>Applicant name: \_\_\_\_\_

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_ Time: \_\_\_\_\_

TPHA received the following:

- Tribal ID or enrollment letter
- Income verification (one month of check stubs, social security benefits award letter, etc.)
- 2 recent billing invoices (Head of household name must appear on the invoice)
- Proof of homeownership, if applying for Home Rehabilitation

### **Application Status:**

Applicant is recommended for assistance with the following:

Utility Assistance

Provider name: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider name: \_\_\_\_\_ Amount: \_\_\_\_\_

Home Rehabilitation

### **Household Income Eligibility:**

Applicant gross annual income: \_\_\_\_\_ 2021 U.S. Median Family Income: \_\_\_\_\_

### **Household Eligibility:**

- Unemployed for 90 days prior to application
- Income at or below 80% of the median family income
- Housing insecurity
- Disability
- Veteran

Notes:

<sup>1</sup> Public disclosure: Applicant may be a member of Tribal Council, TPH Board member or staff of TPHA.