

CARES-IHBG
Expanded Rental Assistance Program
Application

NAME _____ KBIC TRIBAL ID#: _____

ADDRESS _____

Monthly rent _____ Household income _____ monthly

List all persons residing in your residence (If more than six, list on separate piece of paper)

List of Household	Relationship	Social Security	Date of Birth
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

I certify that I am in need of rental assistance from the CARES-IHBG program due to the Co-Vid 19 pandemic:

____ Laid off ____ Reduced hours of employment ____ Unemployed ____ Wage Reduction

Applicant Signature

Landlord/Property Owner Name _____ Phone Number _____

Landlord/Property Owner Address _____

Landlord/Property Owner Signature