

## **COVID-19 Emergency Rental Assistance Program Application Checklist**

Please review your application to make sure that contains the following information:

### **For all Applicants:**

- Copy of Driver's License or Tribal Enrollment Card
- Proof of membership of an Indian Tribe for each household member (*if applicable*)
- Income Verification for each member 18 or older
  - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)  
or
  - Monthly received in the last 60 days (2 months)

### **Submit the following documentation if applicable:**

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of lease or rental agreement showing required rental payments or deposits
- Copy of utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability

**\*FOR OFFICIAL USE\***

Date Submitted: \_\_\_\_\_  
Time Submitted: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Application #: \_\_\_\_\_



# Quinault Housing Authority

P.O. BOX 160 | Taholah, WA 98587

## COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

### Applicant Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Tribe Enrolled (If applicable): \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### General Information

1. Are you or is a member of your household a member of an Indian tribe?  Yes  No
  - a. If yes, attach proof of tribal enrollment for each household member
2. Do you rent the home in which you are living?  Yes  No

### Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

### Income Verification

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ \_\_\_\_\_
  - a. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ \_\_\_\_\_
  - a. Applicant must submit supporting documents to verify the household's monthly income at the time of application for at least the two months prior to the submission of this application. This can include paystubs for household members working, Social Security benefits statements, statements of monthly financial assistance from TANF or other assistance programs, unemployment benefits statements, etc.

### Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits?  Yes  No
  - a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.
2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
  - A reduction in household Income
  - Loss of Employment/Temporary Layoff/or Furlough
  - Reduction in hours/pay.
  - Unable to work or experiencing financial hardship due to no child care/school.
  - Underlying medical condition requiring staying home to prevent exposure.
  - Loss of self-employment/business income
  - Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
  - Disabled and enduring increased costs because of the COVID-19 pandemic
  - Incurred significant costs (hospital bills, medication costs, etc)
  - Other financial hardship; list: \_\_\_\_\_
  - a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

### Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
  - A past due utility or rent notice or eviction notice
  - Unsafe or unhealthy living conditions
  - Any other evidence of housing instability
  - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability, if any is available (e.g. past due utility or rent notice or

eviction notice)

- b. If you checked any of the boxes above, please describe the details of your housing instability:

---



---



---



---

**Additional Requirements**

1. Applicants and adult household members must sign a release of information form allowing the QHA to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance. Assistance will be provided in three month increments. No applicant may receive more than 15 months of assistance.

**Applicant Acknowledgements and Attestation**

I understand that I am required to update my application whenever any of the information provided in my application changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or when my a household income is above 80 percent of the Area Median Income for the household.

By my signature below, *I hereby certify and attest* that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify QHA of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, repayment of funds granted, and may be grounds civil or criminal prosecution if QHA determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:**  
I, \_\_\_\_\_, the Applicant’s landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

**Application Received by QHA:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

<b>OFFICIAL USE ONLY</b>	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:	_____
Date Denial Communicated:	_____
Staff Signature:	_____

## **COVID-19 Emergency Rental Assistance Program Form Checklist**

Please review your application to make sure that contains the following information:

**For all Applicants:**

- Current rental lease

**Submit the following documentation if applicable and available:**

- Documents showing Rent Arrears (not including any unpaid maintenance charges) and interest/penalties accrued and where applicable, an eviction notice since March 13, 2020
- Documents showing Utility Costs Arrears and interest/penalties accrued since March 13, 2020
- Utility bills showing Current Utility Costs due
- Documents showing other expenses related to COVID-19 for which payments are due



# Quinault Housing Authority

P.O. BOX 160 | Taholah, WA 98587  
(360) 276-4320 | FAX (360) 276-4778 | 1-888-891-0017

**\*FOR OFFICIAL USE\***

Date Submitted: \_\_\_\_\_  
Time Submitted: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Application #: \_\_\_\_\_

## COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

### Financial Assistance Form

*Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program.*

#### Applicant Information

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Tribe Enrolled (If applicable): \_\_\_\_\_ Tribal Enrollment #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_

1. Do you currently pay to rent the dwelling unit in which you are living (this includes an apartment, a house, a room in a house or apartment, or longer-term hotel/motel stay [30 days or more])?

Yes  No

a. If yes, attach and submit your current rental agreement, or lease, or other agreement, if you have it.

Current Landlord Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. What is the total amount of rent that you pay each month? \$ \_\_\_\_\_

#### Financial Assistance

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

**“Financial Assistance”** means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

“Rent” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be rent.

“Utility Costs” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).

**A. Rent Arrears and Utility Costs Arrears<sup>1</sup>**

**Do you have any Rent Arrears or Utility Costs Arrears?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)*

**Rent Arrears** (*Rent payments in arrears*):

Total amount in Arrears from March 13, 2020 to the present time: \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Utility Costs Arrears** (*Utility Cost payments in arrears*):

Total amount in Arrears from March 13, 2020 to the present time for each Utility:

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Rent Arrears and Utility Costs Arrears:**

**Only** includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020.**

**Arrears includes:** interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.

**Arrears does not include:** interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

<sup>1</sup> **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, QHA will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments up to a total of 12 months, with some families eligible for an additional 3 months depending on funds availability.

**B. Current and Prospective Rent and Current Utility Costs**

**Do you expect to be unable to pay your Current Rent or Current Utility Costs payment in the future months?**

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment, if available (rental lease, documents showing rent or utility costs due, etc.)

**Current Rent Payment due** (Rent payment for the current month that is due and owing but not yet in arrears):

Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Utility Costs Payments due** (Utility Costs that are currently due and owing but not yet in arrears):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Other Housing Expenses**

**Do you expect to be unable to pay any other Housing Expenses?** (Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury. Maintenance costs are not included in this definition.)

(check all that apply)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)

**Relocation Expenses and Rental Fees after March 13, 2020** (if a household has been temporarily or permanently displaced due to COVID-19 outbreak) - **Payment** due:

Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_



- Accrued Late Fees since March 13, 2020** (if not included in rental or utility arrears and if incurred due to COVID-19 outbreak) - **Payment due:**

Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

- Internet Service** (if provided to the rental unit for the purposes of engaging in distance learning, telework, and telemedicine and for obtaining government services) - **Payment due or overdue since March 13, 2020:**

Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Applicant Acknowledgements

**TO THE APPLICANT:** By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below (Section 8 housing assistance, CARES Act Relief funds from a tribal entity, LIHEAP, etc.):

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

By my signature below, ***I hereby certify and attest*** that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify QHA of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if QHA determines it is appropriate to do so.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**If a landlord or owner of a residential dwelling submits this Form on behalf of the Applicant:**

I, \_\_\_\_\_, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE

**Form Received by QHA:**

\_\_\_\_\_  
STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

#### OFFICIAL USE ONLY

Approved:  Yes  No Reason: \_\_\_\_\_  
Denial Communicated: \_\_\_\_\_ Staff Signature: \_\_\_\_\_



# Quinault Housing Authority

P.O. BOX 160 | Taholah, WA 98587  
(360) 276-4320 | FAX (360) 276-4778 | 1-888-891-0017

## QUINAULT HOUSING AUTHORITY COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

### Applicant Attestation of Economic Hardship

*In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.*

I, \_\_\_\_\_, the Applicant, do hereby attest that one or more individuals in my household have experienced one or more of the following in the time period of March 13, 2020 to the date of application (Check all that apply):

- a reduction in household income due directly or indirectly to the COVID-19 pandemic; or
- incurred significant costs due directly or indirectly to the COVID-19 pandemic; or
- experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Quinault Housing Authority of any significant changes to our household income or financial status because I understand that those changes could impact my eligibility for the ERA Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

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

Date: \_\_\_\_\_



# Quinault Housing Authority

P.O. BOX 160 | Taholah, WA 98587  
(360) 276-4320 | FAX (360) 276-4778 | 1-888-891-0017

## QUINAULT HOUSING AUTHORITY COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

### **Applicant Authorization for Release of Information**

I, \_\_\_\_\_, the applicant am applying for certain housing assistance services from Quinault Housing Authority. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Quinault Housing Authority listed below.

Name and address of person or entity possessing information regarding Applicant:

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

Name and address and contact person to whom information is to be released:

Quinault Housing Authority  
P.O. Box 160  
Taholah, WA 98587

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Quinault Housing Authority named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Printed Name