



Salish & Kootenai Housing Authority **EMERGENCY RENTAL ASSISTANCE PROGRAM**

The Emergency Rental Assistance Program (ERAP) serves ALL residents of the Flathead Reservation, and anyone in the United States who can provide documentation of being a Tribal member or descendent of the Confederated Salish & Kootenai Tribes, and whose household incomes do not exceed 80% of the Area Median Income for the county where they live, and are obligated to pay rent on a residential dwelling and meet both of the following conditions:

1. Financial Assistance Eligibility

- a. Has either qualified for unemployment benefits;
- b. Experienced a reduction in household income;
- c. Incurred significant costs, or
- d. Experienced other financial hardship,

All of the above must be directly or indirectly, as a result of the COVID-19 emergency
AND

2. Can demonstrate a risk of experiencing homelessness or housing instability, by providing documentation of total past due amounts such as a past due, rent, or eviction notice, or documentation of unsafe or unhealthy living conditions.

Program recipients may be eligible to receive assistance for rent, rental deposit, and/or rent late fees. Assistance may be provided for 12 months, with an additional three months of future payments, if necessary, to ensure housing stability, and only if funds are available.

- Individual payments may include more than one month of assistance, where assistance is prioritized to include past due charges prior to providing future payments.
- May provide rent, past due rent, rental deposits, and rental late fees.
- A single application may assist with past due bills and not more than three months of future payments. Additional assistance will require a new application to be completed and income to be re-verified.
- Past due rent, rental deposits, and rental late fees prior to April 1, 2020 are not eligible.
- Payments will be made directly to the landlord; however, if reasonable efforts (within 14 days and 3 attempts) and no response to obtain a W9 have resulted in a non-response or refusal, then assistance will be provided to the applicant upon receipt of a completed W9.

**EMAIL COMPLETED APPLICATIONS TO
FRONTDESK@SKHA.ORG**

ERAP Application Checklist

Please ensure application is complete. Failure to provide documentation will delay the processing of the application or may result in no assistance being provided.

- Must be completed *and* signed by ALL members of the household that are 18 and older or an emancipated minor.
- Must be a resident of the Flathead Reservation
 - o If living off the reservation, must provide proof of CSKT membership or descendency.
- INCOME VERIFICATION** (of all household members 18 and older):
 - o 2020 IRS 1040 (**preferred documentation**)
 - or
 - o Two months of paystubs immediately prior to application
 - o Recent pay stubs documenting decrease in wage earnings Not applicable
 - o Unemployment benefit statement Not applicable
 - o Self-Employment Certification Form Not applicable
 - o Zero Income Certification Form Not applicable
 - o Social Security or Social Security Disability letter Not applicable
 - o Pension letters Not applicable
 - o Copy of VA or Retirement Check Stubs Not applicable
 - o TANF Statement Not applicable
 - o Child support verification Not applicable
 - o Income from Assets Not applicable
- Any other income documentation Not applicable
- Lease Agreement
- Invoices of ALL (rental/rental deposit/rent late fees)
- INVOICES FOR ALL BILLS YOU ARE REQUESTING TO BE PAID. INVOICES MUST INCLUDE:
 - o Date
 - o Name of Landlord/Business Name
 - o Address of Landlord/Business
 - o Telephone of Landlord/Business
 - o Amount of monthly rent
 - o If delinquent, amount owed must be detailed on invoice
- If receiving other forms of rental assistance, a copy of recent rent determination or documentation of tenant portion of rent.
- Landlord eviction or late notice, rental ledger from landlord
- Completed W9 for any business or individual that will be paid
- Completed New Vendor Information Sheet for any vendor the Housing Authority doesn't have on file

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ERAP APPLICATION

Name of Tenant: _____

County: _____

Mailing Address: _____

Phone #: _____

Physical Address of Rental Unit: _____

City, State, Zip: _____

E-Mail: _____

Is this your primary address?

Yes

No

Have you lived at this address for less than 30 days?

Yes

No

If you have lived at the address listed above for less than 30 days, please explain why.

Is someone assisting you with this application?

Yes

No

Name of other person completing application: _____

Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

Is the applicant obligated to pay rent on a residential dwelling unit?

Yes

No

HOUSEHOLD INFORMATION

Total number of persons in household: _____

Total number of minors in household: _____

Family Composition: List ALL Family Members

Last Name, First Name, Middle Initial	Relationship to Applicant	Sex	Date of Birth	Social Security Number	Tribal Affiliation	Enrollment #
1.	Self					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

If list of household members does not match those listed on lease agreement, please explain.

Is the applicant requesting assistance off the Flathead Reservation? Yes No

If yes, the applicant or a member of the household must be CSKT enrolled or provide documentation of being a CSKT descendant. Has this documentation been included in this application? Yes No

HOUSEHOLD DEMOGRAPHICS FOR HEAD OF HOUSEHOLD

Gender	Race	Ethnicity
<input type="checkbox"/> Male	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Female	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Choose not to Disclose
<input type="checkbox"/> Choose not to Disclose	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> Choose Not to Disclose	

INCOME ELIGIBILITY/FINANCIAL HARDSHIP/HOUSING INSTABILITY

Household income will be verified by using an applicant's household income from 2020 IRS documents or documentation of all household member income sources for the most recent 2 months, which may include paystubs, benefit award letters etc.

Please select which income method applicant will use to verify income status:

Is your household providing your 2020 IRS 1040 form(s) for income verification?

Yes

No

The income from IRS 1040 form that will be used is located on line 11.

Is your household providing the most recent two months of income documentation for verification of income prior to application?

- Yes
 No

Check all that apply:

- Two months of paystubs immediately prior to application
 - Most recent Social Security or Social Security Disability Letter
 - Pension Award Letter
 - Temporary Assistance for Needy Families (TANF) Statement from Office of Public Assistance
 - Unemployment insurance benefit statement or screenshots from Montana Works
 - Child Support award statement/Parental Plan or other written documentation
 - Self- Employment most recent years IRS Schedule C or profit and loss statement.
 - Annuities
 - Asset information, if the total of all assets exceeds \$5,000. (Ex. checking, savings, CDs, Money Market Certificates, Real Estate, annuities or other asset income to which the family has access)
 - Workers Compensation
 - Self-employment income, a profit and loss statement for the two months prior to application or Schedule C from 2020 taxes.
 - Documentation of other income not listed above.
 - Zero Income-, My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status.
- By checking this box, I am attesting that the documentation provided accurately reflects my household income and I am aware that this information will be used to determine my household income eligibility.***

FINANCIAL HARDSHIP DUE DIRECTLY OR INDIRECTLY TO COVID-19

As a result of the COVID-19 emergency, a member of my household has either:

- Qualified for unemployment benefits, or
- Experienced a reduction in household income,
- Incurred significant costs, or
- Experienced other financial hardship and is at risk of experiencing homelessness or instability or unhealthy living conditions on or after March 13, 2020.

- Yes No

Please indicate what COVID-19 specific circumstance applies by checking the applicable box(s) below:

One or more members of the household has qualified for unemployment benefits

- Yes No

My household has experienced a reduction in household income.

- Yes No

My household has incurred significant costs as a result of COVID-19.

- Yes No

Check those that apply from the list below:

- Had increased Healthcare costs, including care at home for individuals with COVID-19
- Required to quarantine at home and unable to work
- Purchasing of personal protective equipment
- Penalties, fees and legal costs associated with past due rent
- Payments for rent or utilities made by using a credit card
- Moving costs for households to avoid homelessness or housing instability
- Childcare costs
- Internet access and computer equipment required to work or attend school remotely
- Alternative transportation for households unable to use public transport

Other (please list what significant costs or other financial hardship

Incurred: _____

My household is unable to obtain employment due to continued economic conditions resulting from COVID-19.

- Yes No

My household has experienced other financial hardship.

- Yes No

Check below if these apply:

- Obligation to be absent from work to care for home-bound school-aged child;
 - Obligation to be absent from work due to a requirement to be quarantined based on a diagnosis of COVID-19 or care for someone diagnosed with COVID-19;
- By checking this box, I am attesting that my household has experienced a reduction in household income, incurred significant costs or other financial hardship due directly or indirectly to COVID-19.**

RISK OF HOMELESSNESS OR HOUSING INSTABILITY

Applicant must provide documentation of homelessness or housing instability by providing one of the following:

My household has a current past due rent notice.

- Yes No

My household has received an eviction notice.

- Yes No

My household is living in unsafe or unhealthy living conditions, this would include conditions that increase the risk of exposure to COVID-19.

- Yes No

Check those that apply from below:

- Living in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation such as a car, park, abandoned building, campground, etc.
- Living in a shelter

- Applicant or household member who is currently fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking or other danger, or life-threatening conditions that relate to violence against the individual family member.
 - Household occupancy that is considered overcrowded, generally where there is greater than two persons per bedroom, which may be dependent on the size of the unit.
 - Living in a residential unit, where there is no running water or other situations that would create unhealthy living conditions.
 - If other, list situation: _____
-

RENT ASSISTANCE

SELECT ALL THAT APPLY:

My household is currently receiving rental subsidy, which may include: Housing Choice Voucher, HUD-VASH, Mainstream Voucher, Project Based Section 8, Public Housing, Rural Development or other federal rental assistance.

- Yes No

If you are receiving other forms of rental subsidy, you are only eligible to receive emergency rental assistance for the portion of rent that is considered the tenant's responsibility. You are required to provide a copy of the rent determination or documentation from the property or agency who is providing the rental subsidy that cover the month(s) of assistance requested.

- By checking this box, I am attesting that I do not currently have an action pending with my housing provider that would change the tenant portion of rent.***

My household is currently past due on rent.

- Yes No

My household needs assistance for future rent?

- Yes No

CHECK ALL THAT APPLY:

For future rent (maximum of three (3) months):

- April 2021 May 2021 June 2021 July 2021 August 2021 September 2021
 Late fees (if applicable) (reasonable amount)

The amount of late fees will be determined from documentation received and verified by the landlord and a reasonable amount will be approved.

My household is currently without a permanent residence, due directly or indirectly to COVID-19, and we have identified a rental unit but need security deposit assistance.

- Yes No

If your landlord is not currently a vendor of the Housing Authority, a W9 and New Vendor Information Sheet must be completed in order for payment to be processed

**EMERGENCY RENTAL ASSISTANCE PROGRAM
APPLICANT CERTIFICATION AND RELEASE OF INFORMATION**

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud or misrepresentation. False, misleading or incomplete information may result in the denial or termination of assistance, and/or potential repayment of assistance funds provided. If you are receiving another form of federal assistance and it is determined that there was a duplication in subsidy, you will be required to return the funds that were overpaid to Salish & Kootenai Housing Authority.

In signing this consent form, I am authorizing Salish & Kootenai Housing Authority to communicate and share information to all third-party payees listed in the application and persons or organizations assisting in the application process, including but not limited to, rent, late fee and/or security deposit information. I further authorize Salish & Kootenai Housing Authority to disclose information about my Emergency Rental Assistance Program application, program recipient status to other agencies that are assisting with the Emergency Rental Assistance Program, and agencies that are providing state, local or federal assistance. I understand that my authorization will remain effective from the date of my signature through the duration of my Emergency Rental Assistance Program participation.

Head of Household Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date