



NEZ PERCE TRIBAL HOUSING AUTHORITY

P. O. BOX 188 · LAPWAI, IDAHO 83540
105 RIVERVIEW AVENUE · KAMIAH, IDAHO 83536

Emergency Rental Assistance (ERA) Program Application

If you need assistance with this application, you can call 208.843.2229 from Monday through Friday, between 8am and 430 pm Pacific Time.

The Emergency Rental Assistance Program (ERAP) was created to assist households with an inability to pay rent or utilities due to a COVID-19 related financial hardship.

The current funding source for this program will only cover eligible costs incurred prior to December 31, 2021.

Applicant eligibility requirements are:

- i. Inability to pay rent/utilities due to COVID-19 related financial hardship
- ii. A household member must be enrolled in a federally recognized Tribe.
- iii. Must reside within the 1855 Nez Perce Treaty boundaries
- iv. Have an income of 80% or less of the area median income.

This application may be completed by a renter or by a housing or service provider acting on behalf of a renter seeking assistance. The information provided should reflect the household seeking assistance.

An eligible household that lives in a federally-subsidized residence (Section 8, Low Income Housing Tax Credit, Public Housing, Etc.) may not receive assistance for any costs that have been or will be covered.

You will need the following documents to complete this application:

- i. Financial Hardship documentation
- ii. Housing Status documentation
- iii. Household Income documentation
- iv. Release of Information forms

(See application for further description)

Please be prepared to provide your landlord's or utility company's contact information.

If you are missing any of these documents at the time of application, program staff will follow up with you to submit required documents.

Emergency Rental Assistance Program Application

Applicant

First Name:		Middle Initial:		Last Name:	
Mailing Address					
City		State		Zip Code	
Physical Address					
City		State		Zip Code	
Phone/Cell number			Message number		
Email Address		Gender:	Male	Female	County:
Race	<input type="checkbox"/> American Indian/Alaskan Native		Ethnicity	<input type="checkbox"/> Hispanic or Latino	
	<input type="checkbox"/> White			<input type="checkbox"/> Non Hispanic/Non Latino	
	<input type="checkbox"/> Black or African American			<input type="checkbox"/> Do Not Know	
	<input type="checkbox"/> Asian			<input type="checkbox"/> Do Not Wish to Answer	
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
	<input type="checkbox"/> Do Not Know				
	<input type="checkbox"/> Do Not Wish to Answer				

Alternate Contact Information

First Name		Last Name		Email		Phone Number	

All persons residing in the household and income: Enter the Head of Household on the first line.

Other income includes but is not limited to retirement, pension, social security, disability, TANF, child support, foster care, public assistance, alimony, etc.

First/Last Name	Date of birth	Last 4 digits of SSN	Tribal enrollment number	Monthly employment income	Monthly unemployment income	Other income

Housing Status: Are you at risk of experiencing homelessness due to:

Inability to pay past due rent?	Y	N	# of Months past due	Total amount past due rent	\$
Inability to pay current/future rent?	Y	N	Current monthly rent amount	\$	
Inability to pay past due utilities?	Y	N	# of Months past due	Total amount past due utilities	\$
Inability to pay current/future utility bills?	Y	N	Current monthly utility bill(s) due	\$	
Currently living in a Fed. Subsidized residence?					
List the federal subsidized program(s):					
Are you currently receiving any federally funded rental or utility assistance?					
List the rental/utility assistance program(s):					
Have you applied for any other rent/utility assistance from another agency?				Y	N

Please list the program/agency for which you applied:

Landlord/Property Manager Name

Mailing Address

City State Zip Code

Email Address Phone Number

Utility company Name (1)

Mailing Address Account #

City State Zip Code

Email Address Phone Number

Utility company Name (2)

Mailing Address Account #

City State Zip Code

Email Address Phone Number

COVID-19 Financial Hardship

Eligibility Criteria An "eligible household" is defined as a renter household in which at least one or more individuals meets the following criteria:

- COVID-19 Financial Hardship: Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- Housing Status: Demonstrates a risk of experiencing homelessness or housing instability; and
- Income: Has a household income at or below 80 percent of the area median

Eligibility Criteria: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Unemployment
<input type="checkbox"/> Reduced Employment/Compensation
<input type="checkbox"/> Temporary layoff
<input type="checkbox"/> Loss of self-employment/Business Income
<input type="checkbox"/> Closure of place of employment
<input type="checkbox"/> Increased household cleaning costs
<input type="checkbox"/> Housing costs increased, eviction, rent
<input type="checkbox"/> Utility costs increased due to children being home from school
<input type="checkbox"/> Experienced a large unexpected medical cost related to COVID-19
<input type="checkbox"/> Obligation to be absent from work to care for homebound school aged child
<input type="checkbox"/> Unable to work due to experiencing financial hardship due to no childcare | <input type="checkbox"/> Increased personal care costs (PPE, hygiene products)
<input type="checkbox"/> Increased food costs
<input type="checkbox"/> Increased cost for telework
<input type="checkbox"/> Increased cost for isolation or quarantine due to COVID-19
<input type="checkbox"/> Required to self-quarantine based on advice
<input type="checkbox"/> Required to quarantine based on diagnosis of COVID-19
<input type="checkbox"/> Over the age of 50 and enduring increased costs because of the COVID-19 pandemic
<input type="checkbox"/> Disabled and enduring increased costs because of the COVID-19 pandemic
<input type="checkbox"/> Other pertinent circumstances: |
|---|---|

Explanation of hardship:

Required Documents:

- You will be required to provide a copy of your current lease agreement, most recent rental delinquency notice or eviction, and/or most recent bill (if applicable).
- You will be required to provide a copy of the last two months of pay stubs for all adults, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income. Copies of W2's or tax returns for 2020 may also be accepted.
- You will be required to provide a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19. If you are unable to pay your rent or utilities due to an unexpected medical cost, attach a copy of the medical bill.
- Authorization for the Release of Information (ROI). Household members over the age of 18 must sign the ROI.
- Documentation of all household members who are enrolled in a federally recognized tribe.
- You will be required to provide copies of all delinquent utility bills if applicable, or most recent bill.
- Documents showing unsafe or unhealthy living conditions.
- Documents showing other financial hardship.
- Driver's license, state ID, or Tribal ID.
- Zero Income form if applicable.

Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contract 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 having a household income that is above 80 percent of the Area Median Income for the household.

By my signature below, I hereby certify 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 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 for civil or criminal prosecution if Nez Perce Tribal Housing Authority determines it is appropriate to do so.

Disclaimer

The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

Funds provided by US Treasury for Low Income Families.

Signature:

Date:

Authorization for the Release of Information

Organization Requesting Release of Information:

Nez Perce Tribal Housing Authority (NPTHA)
 PO Box 188
 Lapwai, ID 83540
 P: (208)843-2229 E: nptha@nezperce.org

Applicant Name: _____
 Address: _____
 City, State, Zip Code: _____

Purpose: In signing this consent form, you are authorizing the abovenamed organization to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity, and criminal history. NPTHA needs this information to verify your eligibility for housing assistance. NPTHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: NPTHA will protect the information it obtains with appropriate and reasonable security measures. NPTHA may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes and to Federal and State agencies for employment suitability, accuracy of information, and fraud prevention purposes. NPTHA is required to protect the information it obtains in accordance with any applicable privacy law. NPTHA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on this consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Also required to sign are those persons under age 18 who are the head of household or co-head and are considered emancipated minors.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility for housing assistance.

Denial of eligibility may be subject to NPTHA's grievance procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Current and Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow NPTHA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits for housing assistance. By completing and submitting this form I acknowledge that my typed name shall have the same legal validity and enforceability as a manually executed signature to the fullest extent permitted by applicable law.

Signatures:

 Head of Household

 Date

 Spouse or Co-head

 Date

 Other Family Member over age 18

 Date

 Other Family Member over age 18

 Date

 Other Family Member over age 18

 Date

 Other Family Member over age 18

 Date

 Other Family Member over age 18

 Date

Penalties for Misusing this Consent: HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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Emergency Rental Assistance (ERA) Zero Income Form

(Separate zero income forms are to be completed by all adult household members if applicable)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. I will be using the following sources of funds to pay for rent, utilities and other necessities:

The United States expressly disclaims any and all responsibility or liability to Recipient or third persons for the actions of Recipient or third persons resulting in death, bodily injury, property damages, or any other losses resulting in any way from the performance of this award or any other losses resulting in any way from the performance of this award or any contract, or subcontract under this award.

The acceptance of this award by Recipient does not in any way constitute an agency relationship between the United States and Recipient.

Funds provided by US Treasury for Low Income Families.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Emergency Rental Assistance Program

Area Median Income by County:

FY 2020 80 %

Persons in Family	1	2	3	4	5	6	7	8
Adams County, ID	34100	39000	43850	48700	52600	56500	60400	64300
Benewah County, ID	34100	39000	43850	48700	52600	56500	60400	64300
Idaho County, ID	34100	39000	43850	48700	52600	56500	60400	64300
Latah County, ID	39550	45200	50850	56500	61050	65550	70100	74600
Lewis County, ID	34100	39000	43850	48700	52600	56500	60400	64300
Nez Perce County, ID	38150	43600	49050	54500	58900	63250	67600	71950
Shoshone County, ID	34100	39000	43850	48700	52600	56500	60400	64300
Baker County, OR	34400	39300	44200	49100	53050	57000	60900	64850
Umatilla County, OR	36600	41800	47050	52250	56450	60650	64800	69000
Union County, OR	34400	39300	44200	49100	53050	57000	60900	64850
Wallowa County, OR	35650	40750	45850	50900	55000	59050	63150	67200
Asotin County, WA	38150	43600	49050	54500	58900	63250	67600	71950
Columbia County, WA	37700	43100	48500	53850	58200	62500	66800	71100
Garfield County, WA	37700	43100	48500	53850	58200	62500	66800	71100
Walla Walla County, WA	39150	44750	50350	55900	60400	64850	69350	73800
Whitman County, WA	40500	46300	52100	57850	62500	67150	71750	76400