

COVID-19 Emergency Rental Assistance Program Application Checklist

Please note applications that are incomplete will not be processed until all documentation has been submitted. After 30 days an incomplete application will be denied due to insufficient documentation.

Please review your application to make sure it contains the required 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 or W-2 from 2021)
 - or
 - Monthly received in the last 60 days (2 months)
- Release of Information for each person 18 or over that is listed on the application

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) (must be in the name of applicant or household member listed on application and lease)
- Copy of a past due utility or rent notice or eviction notice (utility must in the name of applicant or household member listed on application and lease)
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability

FOR OFFICIAL USE

Date Submitted: _____
Received by: _____
Application #: _____

**NOOKSACK SOCIAL SERVICES
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM
APPLICATION**

ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED. IF A SECTION OF THIS APPLICATION DOES NOT APPLY TO YOU AND YOUR HOUSEHOLD PLEASE INDICATE N/A (NOT APPLICABLE)

Applicant Information

Applicant Name: _____ Date: _____
Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____
Mailing Address: _____ City: _____ State: _____
Zip: _____ Phone: _____
Physical Address: _____ City: _____ State: _____
Zip: _____ Email: _____

General Information

1. Are you or a member of your household a member of the Nooksack Indian tribe?
 Yes No
 - a. If yes, attach proof of enrollment for each household member
 - b. If you are a direct descendant of an enrolled Nooksack Tribal member, please provide documentation to support descendency.

2. Are you an employee of the Nooksack Indian Tribe or its' entities? Yes No
 - a. If yes, please provide proof of employment for employee

3. Do you rent the home in which you are living? Yes No
 - a. Please provide contact information for your landlord or property manager:
Name: _____
Phone Number: _____
Email Address: _____

4. Have you received Emergency Rental Assistance from another agency or Tribe?
 Yes No

(This may not disqualify you from receiving Rental Assistance from the Nooksack ERAP, however other ERAP assistance must be documented)

Please list all Agencies/Tribe(s): _____

Please list contact information for Case Worker, Agency or Tribe: _____

****Please include all Household Members in the chart below. This includes all adults on the lease or rental agreement and all children under the age of 18 that reside in the home.**

Household Member Information:

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

****If you need additional lines please use the back side of this page****

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 2021.
2. **Monthly income** of household: \$ _____
 - a. Applicant must submit sufficient confirmation of the household’s monthly income at the time of application for at least the two months prior to the submission of this application.

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. (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 such risk

- a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, [add any other evidence of risk])

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

Additional Requirements

1. Applicants must sign a release of information form allowing the Nooksack Social Services 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.

Applicant Acknowledgements

I understand that I am required to update my application whenever any determining factor of eligibility 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, or no longer facing a risk of homelessness or housing instability.

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 Nooksack Social Services 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 Nooksack Social Services 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: (Landlord does not need to sign if Tenant is submitting application)

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 Nooksack Social Services

STAFF MEMBER SIGNATURE

DATE

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

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Certification of Economic Hardship

In order for Financial Assistance to be provided under the ERA Program, this Certification of Economic Hardship must be completed by the applicant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Nooksack Homelessness Program of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By signing below, I certify that the preceding facts are true and correct to the best of my knowledge. I understand that providing false or misleading information may result in denial or a requirement to repay benefits received.

Applicant

Date