NISQUALLY EMERGENCY RENTAL ASSISTANCE PROGRAM

REQUIREMENTS:

1) New ERAP application
2) ID's – Tribal ID's (Must be enrolled in Federally Recognized Tribe, or an activate participant of the Nisqually Tribal Community)
3) Must Live in Thurston County/ Pierce County
4) Request Form (why are you seeking assistance)
5) Rental Form/ Eviction Notice / Utility Bill (if any)
6) Verification Of Income (Employment / Percap Statements) – (Income Limitations)
7) Release of Information for Accounting to retrieve paystubs or W2 (NIT Members)
8) Copy of the Lease (Move In)
9) W-9 from apartment complex (for accounting)
10) Invoice of Monthly Payments, Passed due Utility bills

Nisqually Indian Tribal Housing
2205 Lashi St. SE
Olympia WA 98513
360-493-0081(main)
360-493-8167(fax)

Emergency Rental Assistance Program (ERAP)

Household Information & Eligibility Form

Instructions: Use this form to screen and document household eligibility.

1. Household Information	
Household ID: (cannot include personal identifying information such as initials or birth date in ID)	**Date:**
Name:	
Phone:	**Email:**
Head of Households Age: _____	**Number of Household Members:** _____ **Number of Household Members Under 18:** _____
☐ **One or more household members are unemployed and have been unemployed for 90 days before application date.**	
Are you enrolled in a federally recognized tribe? _____ Yes _____ No Tribal Affiliation: _____ Enrollment # _____	

Gender:	Female	Male	Trans Male (FTM)	Trans Female (MTF)	Gender non-conforming		Refused / Don't Know
Race:	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Multi-Racial	White	Refused / Don't Know
Ethnicity:	Non-Hispanic/Non-Latino		Hispanic/Latino		Refused / Don't Know		

2. Income Calculation

Current income must be at or below 80% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking assistance together. Provider must calculate the household's total gross income for calendar year 2020 or the household's current monthly income at the time of application

If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.

If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method: $(60 days of total income)/2 = Average income X 12 months=Annual income

Household name/ household members	Source of Income *(see income types below)*	Gross Income in a pay period	Calculation method	Annual Income
Example: Joey Fatone	*wages*	*$1,000*	*12*	*$12,000*
				$
				$
			Household Annual Income:	**$**
			80% AMI for household size in county:	**$**

☐ **Income at or below 80% of Area Median Income (AMI)**

Household AMI Tier	**Household Monthly Income (Annual Income/12):**
☐ **Income below 30% AMI** ☐ **Income between 30%-50% AMI** ☐ **Income between 50%-80% AMI**	**$**

2020 BUDGET:

Were you unemployed in 2020? _____ yes _____ no

Did you return back to work? _____ yes _____ no _____ date returned

Has your income increased or decreased since April 1st, 2020?

_____ Increased _____ Decreased _____ annual income for 2020

3. Income Type & Documentation

Type of income:	Check the box for income type: ✓	How to document: Grantees should request source documentation to document income. If it cannot be obtained, grantees can use a written self-declaration by the household. Self-declarations should be used under limited circumstances. Please use T-RAP Self-Declaration Form.
No Income		Self-declaration by household.
Wages and Income (*including Self Employment, Percapita*)		Copy of most recent pay stub(s), W-2 or other payment statement, tax filings, profit and loss report from applicant's accounting system, or bank statements demonstrating regular income. **OR** Attestation from employer: Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation. **OR** Self-declaration by household.
Public Assistance (including but not limited to: *TANF, Housing Choice Voucher, Public Housing*)		Determination letter/statement from another local, state, or federal government assistance program that verified the household income on or after January 1, 2020. **OR** Self-declaration by household.
Pension/ Retirement Income		Copy of most recent statement, benefit notice from Social Security, pension provider or other. **OR** Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount. **OR** Self-declaration by household.
Unemployment and Disability Income		Copy of most recent payment statement or benefit notice. **OR** Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. **OR** Self-declaration by household.
Alimony, Child Support, Foster Care Payments		Copy of most recent payment statement, notices, or orders. **OR** Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. **OR** Self-declaration by household.

4. Housing Status

How to document: Check the box for documentation type.

☐ A past due utility notice or eviction notice ***OR***

☐ Statement from the landlord that verifies the applicant's housing instability (eg: currently late on rent, has rental arrears). Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord ***OR***

☐ Self-Declaration Form.

6. Financial Hardship

How to document: Check the box for documentation type.

☐ Source documentation of unemployment benefit (most recent payment statement or benefit notice). Documentation of unemployment collected for income verification is sufficient ***OR***

☐ Dated mail, fax, email verification or verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification of unemployment that includes unemployment amount ***OR***

☐ Self-Declaration Form.

7. Lease – Rental Payment Amount & Location

How to document: Providers must collect, if available, a current lease. Obtaining a lease is not required to determine eligibility, but is an allowable way to document both the rental payment amount and the rental location. *Without a lease, rental payment amount and rental location must be documented separately.* Check the box for documentation type(s).

☐ A current lease signed by the applicant and the landlord or sublessor that identifies the unit **where the applicant resides** and establishes the **rental payment amount** and **tenant and landlord signature**. *See Section 3.4.2 in T-RAP Guidelines for required lease components* ***OR***

Rental Payment Amount	Rental Address
☐ An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount.	☐ An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount.
☐ Bank statements, check stubs, or other documentation which establishes a pattern of paying rent at residence.	☐ Evidence of paying utilities for the residential unit or other documentation which establishes a pattern of paying utilities at residence.
☐ Self-Declaration Form.*	☐ Rental Address is listed on the Rent Payment Agreement Form.

**In cases where the household does not have source documentation of the rental payment amount and relies on a written self-declaration from the household, the monthly maximum amount of assistance must be 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides. See Self-Declaration Form for further guidance when using for Rental Payment Amount.*

8. Utilities

How to document: All payments for utilities and home energy costs should be supported by documentary evidence. Check the box for utility arrears documentation type.

☐ Bill, invoice or other evidence of payment ***OR***

☐ Self-Declaration form.

9. Other Housing Costs

How to document: All payments for housing-related expenses must be supported by documentary evidence. Check the box for other housing costs documentation type.

☐ Bill, invoice or evidence of payment

10. Household Attestation

How to document: Grantees must require all applications for assistance to include an attestation from the applicant that all information included is correct and complete. Check the box for attestation type.

☐ Text, email, or other written attestation from household ***OR***

☐ Verbal verification. By checking this box, provider is verifying they have received the verbal attestation from household ***OR***

☐ Household signature: _____

11. Please give a brief description how COVID19 impacted you and your family.

_____

_____

_____

_____

_____

_____

_____

12. Signed and Approved By: _____ Date: _____

FY 2021 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2021 Income Limit Area	Median Family Income Explanation	FY 2021 Income Limit Category	Persons in Family 1	2	3	4	5	6	7	8
Olympia-Tumwater, WA MSA	$90,200	Very Low (50%) Income Limits ($) Explanation	31,600	36,100	40,600	**45,100**	48,750	52,350	55,950	59,550
		Extremely Low Income Limits ($)* Explanation	18,950	21,650	24,350	**27,050**	31,040	35,580	40,120	44,660
		Low (80%) Income Limits ($) Explanation	50,550	57,750	64,950	**72,150**	77,950	83,700	89,500	95,250

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Olympia WA 98513
360-493-0081(main)
360-493-8167(fax)

Nisqually Emergency Rental Assistance Program (ERAP)

Self-Declaration Form

Complete this form to document income housing status, financial hardship, rental payment amount, utility arrears when applicable.

- **Income –** In the narrative include details on source of income, income amount, and frequency of income or state "no income".
- **Housing Status –** In the narrative include information about how the household is at risk of experiencing homelessness or currently experiencing housing instability (currently late on rent and/or rental arrears, past due utilities, other housing instability details such as unsafe or unhealthy living conditions). If fleeing violence, indicate in the narrative "fleeing violence". No additional information is required.
- **Financial Hardship-** In the narrative include information about how the household has qualified for unemployment benefits, experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID-19 that threaten the household's ability to pay the costs of the rental property when due.
- **Rental Payment Amount-** In the narrative include the monthly rent amount.
- **Utility Arrears-** In the narrative indicate amount of utility arrears and who they are owed to.

Client Name	
Tribal Affiliation	
Date	

Income

[redacted]	

Housing Status

Narrative	

Financial Hardship

Narrative	

Rental Payment Amount

[redacted]

Utility Arrears

[redacted]

☐ By Checking this box, I attest that my household has not received, and does not anticipate receiving, another source of public or tribal assistance for the rental costs/ utility payments that are the subject of the attestation.

This including any other programs that are federally budgeted through the Nisqually Indian Tribe.

If you have received any other source of assistance, please name the program and amount below.

Name: *(example: Homeless Prevention at Nisqually Housing, TANF, Move in Assistance at Social Service, TRAP, etc.)*	**Amount:** **Rent:**_____ **Utilities:** _____

Signature

[redacted] _____

AUTHORIZATION
for Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Nisqually Indian Tribal Housing any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Employment, Income, and Assets
Credit and Criminal Activity
Residences and Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

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

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

	SIGNATURES	PRINTED/TYPED NAME	
Head of Household:	_____		Date: _____
Spouse:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____
Adult Member:	_____		Date: _____

Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

For Office use only: ___ Initial ___ Annual ___ Interim Occupancy Specialist _____

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

NISQUALLY TRIBAL HOUSING PROGRAM REQUEST FORM

Name: _____ Date: _____

Age: _____ Enrollment #: _____

Contact#: _____ Address: _____

- ☐ Homeless Prevention
- ☐ Will Pay
- ☐ HAP/NEAP
- ☐ Over Income/Low Income
- ☐ Land Lot Assignment
- ☐ Emergency Rental Assistance Program

Please give a brief description on why you are requesting assistance from this program

_____

_____

_____

_____

_____

_____

For office us only
Received and Approved By:

Signature: _____ Date: _____