



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM APPLICATION

The purpose of the Emergency Rental Assistance (ERA) Program is to provide emergency financial assistance for the payment of rent and utilities, and arrearages for the same, and other housing expenses for low-income Coquille Tribal members and other Indian families who have disproportionately suffered from the impacts of the COVID-19 pandemic. This is a temporary program and assistance is subject to availability of funds.

This project is supported, in whole or in part, by federal award number ERA0594 awarded to the Coquille Indian Housing Authority by the U.S. Department of the Treasury.

APPLICATION CHECKLIST

For all Applicants:

- Copy of Driver's License or Photo ID
- Proof of enrollment in a federally recognized Indian Tribe for one or more household members
- Income Verification for each household member 18 or older
 - Annual Income (wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 filed with the IRS for the household for 2020
 - OR
 - Monthly Income 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 layoff, furlough status, or decrease in hours
- Other documents showing a reduction in household 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

ADDITIONAL REQUIREMENTS

- Applicants must sign an Authorization for Release of Information Form allowing the Coquille Indian Housing Authority to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
- For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation utilizing the Financial Assistance Form for the rent and utility costs for that month and prospective months for which they seek assistance.

Step One: Complete the ERA Program Application and submit documentation

Step Two: Complete the Financial Assistance Form and submit documentation

(Both steps may be completed at the same time
during initial application for the program)

Return the Application, Financial Assistance Form,
and required documentation to:

Coquille Indian Housing Authority
Attn: COVID-19 ERA Program
2678 Mexeye Loop
Coos Bay, OR 97420

Or you may email your forms and documentation to:
covid@coquilleiha.org

If you have any questions while completing the application,
please call CIHA at (541) 888-6501 or toll free at (800) 988-6501.

**Please complete the application in full.
Incomplete applications cannot be processed or funded.**

FAMILY INFORMATION SHEET

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you, or is a member of your household, a member of a federally recognized Indian tribe? If yes, please attach documentation |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you rent the home in which you are living? |

Applicant:

| | | |
|--------------------------|------------------|--|
| Last Name | First Name | Tribe and Enrollment Number |
| Physical Address | City, State, Zip | County |
| Mailing Address | City, State, Zip | Phone |
| Message Phone | Email Address | Social Security Number (SSN) |
| Date of Birth | Gender | Race and Ethnicity |
| Annual or Monthly Income | Income Source | <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled |

Other Household Members:

| | | |
|-----------------------------|--------------------------|-------------------------|
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |

| | | |
|-----------------------------|--------------------------|-------------------------|
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |
| Full Name | Date of Birth | Last four digits of SSN |
| Tribe and Enrollment Number | Gender | Race |
| Ethnicity | Annual or Monthly Income | Income Source |

HOUSEHOLD INCOME

Below, please provide information on either the total annual income of your household for the 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 sufficient documentation 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

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you or any individual in your household qualify for unemployment benefits? If yes, attach supporting documentation demonstrating each individual's qualification for unemployment benefits. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have one or more individuals in your household experienced any of the following financial hardships due, <u>directly or indirectly</u> , to the COVID-19 pandemic? (Check all that apply) <input type="checkbox"/> A reduction in household Income <input type="checkbox"/> Loss of Employment, Temporary Layoff, or Furlough <input type="checkbox"/> Reduction in hours or pay <input type="checkbox"/> Unable to work or experiencing financial hardship due to no child care/school <input type="checkbox"/> Underlying medical condition requiring staying home to prevent exposure <input type="checkbox"/> Loss of self-employment/business income <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"/> Incurred significant costs (hospital bills, medication costs, etc.) <input type="checkbox"/> Other financial hardship; please list: |

HOUSING INSTABILITY

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do one or more individuals in your household face a risk of experiencing homelessness or housing instability? (Check all that apply) <input type="checkbox"/> A past due utility or shut-off notice. Please provide a copy <input type="checkbox"/> A past due rent or eviction notice. Please provide a copy <input type="checkbox"/> Unsafe or unhealthy living conditions. Please describe: |
|--|--|

APPLICANT ACKNOWLEDGEMENTS AND ATTESTATION

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, 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 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 the Coquille Indian Housing Authority 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 the Coquille Indian Housing Authority determines it appropriate to do so.

APPLICANT SIGNATURE

DATE SIGNED

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 SIGNED

Application Received by the Coquille Indian Housing Authority:

STAFF MEMBER SIGNATURE

DATE SIGNED

| | |
|--|------------------------|
| OFFICIAL USE ONLY | |
| | Application # _____ |
| Data Entry by: _____ | Date: _____ |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason: _____ |
| Denial Communicated: _____ | Staff Signature: _____ |



Coquille Indian Housing Authority

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APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ [print name], ("Applicant") am applying for certain housing assistance services from the Coquille Indian 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(s) or entity(s) to provide any and all records or other information regarding me and my household, in whatever format, that the person(s) or entity(s) has in his, her, or its possession to the Coquille Indian Housing Authority as listed below.

| Name | Mailing Address | City, ST Zip | Phone Number |
|------|-----------------|--------------|--------------|
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Name and address and contact person to whom information is to be released:

Coquille Indian Housing Authority
Attn. COVID-19 ERA Program
2678 Mexeye Loop
Coos Bay, OR 97420
(541) 888-6501 Phone
(541) 888-8266 Fax

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 TDHE/Tribal Housing Program named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Signature of Applicant

Date Signed