



COQUILLE INDIAN HOUSING AUTHORITY

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM POLICY

SECTION I. PURPOSE

- A. This Emergency Rental Assistance Program Policy (“Policy”) shall govern the Coquille Indian Housing Authority (“CIHA”) COVID-19 Emergency Rental Assistance Program (“ERA Program”) and the expenditure and management of the Emergency Rental Assistance Funds (“ERA Program Funds”) received from the U.S. Treasury pursuant to Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (“Section 501”).
- B. The Secretary of the U.S. Department of Health and Human Services declared the public health emergency for COVID-19 on January 31, 2020. The eligible period for relief under the Paycheck Protection Program for covered wages began February 15, 2020, and the eligible period for relief through the Coronavirus Relief Fund (CRF) under the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) began March 1, 2020. An emergency declaration was issued on March 13, 2020, pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 USC 5191(b).
- C. The COVID-19 pandemic poses an immediate and imminent threat to the health, safety, and well-being of the Tribe. The purpose of the ERA Program is to provide emergency rental assistance for the payment of rents and utilities, and arrearages for the same, for low-income Tribal members and located nationwide, other Indian families located within the CIHA service area, and non-Native families located in Coos County who have disproportionately suffered from the impacts of the COVID-19 pandemic. The ERA Program is designed to assist Tribal and Indian households whose income is at or below the greater of 80% of the Area Median Income or 80% of the National Median Income, and other households whose income is at or below 80% of the Area Median Income, who face potential eviction or homelessness because they are unable to pay rent and utilities due to the COVID-19 pandemic.
- D. Notwithstanding any provision set forth in any other CIHA Policy, receipt of assistance from the ERA Program established under this Policy shall not make the Recipient or Recipient family eligible or ineligible for assistance under any of the regular CIHA policies.
- E. Nothing in this Policy shall be construed to invalidate any otherwise legitimate grounds for eviction.
- F. Assistance to be provided under the ERA Program is subject to availability of funds. No applicant or household determined to be eligible is entitled to or has a property right to receive funding under the ERA Program. When funding for the ERA Program is fully expended, the ERA Program will terminate. CIHA may terminate this Program at any time.
- G. This Policy is based and the ERA Program will be carried out in reliance upon the March 1626, 2021 guidance document from the Department of Treasury (entitled “Emergency

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Rental Assistance: Frequently Asked Questions”), which Treasury may be modifying or clarifying with future guidance. This Policy and the administration of the ERA Program will be subject to change if and when additional guidance is provided.

SECTION II. DEFINITIONS

General: The following definitions shall apply to this ERA Program Policy.

- A. **“Applicant”** means any person or family who applies for assistance pursuant to these Policies and Procedures.
- B. **“Area Median Income”** means, with respect to a household, the income limits for families published in accordance with 42 USC 1437a(b)(2), available under the heading for “Access Individual Median Family Income Areas” at <https://www.huduser.gov/portal/datasets/il.html>.
- C. **“CIHA”** means the Coquille Indian Housing Authority.
- ~~C.D.~~ **“COVID-19”** refers to the viral disease caused by the novel coronavirus known as SARS-CoV-2.
- ~~D.E.~~ **“Eligible Household”** means a household that meets the eligibility requirements provided for in Section IV.
- ~~E.F.~~ **“Financial Assistance”** means payments provided through the ERA Program Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Expenses.
1. **“Rent”** is the monthly amount charged by a Landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent. This definition includes rental payments for either a manufactured home (mobile home) and/or the parcel of land a manufactured home occupies.
 2. **“Rent Arrears”** mean rental payments in arrears.
 3. **“Prospective Rent”** means rental payments expected to be owed.
 4. **“Current Rent”** means the rental payment for the current month that is due and owing but not yet in arrears.
 5. **“Utility Costs”** means utility and home energy costs related to the occupancy of rental property (e.g., electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-stated charges. This definition includes utility and home energy costs for manufactured homes, as well as a regular monthly cost for firewood if the wood is used for heating or cooking. Utility Costs do not include

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telecommunication services (e.g., telephone, cable, and internet services, which can be paid for as “other services”). Payments to public utilities are permitted.

6. **“Utility Costs Arrears”** means Utility Cost payments in arrears.
7. **“Prospective Utility Costs”** means Utility Cost payments expected to be owed.
8. **“Current Utility Costs”** means Utility Costs that are currently due and owing but not yet in arrears.
9. **“Other Eligible Expenses”** means expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, defined by the Secretary to include the following: relocation expenses and rental fees (if a household has been temporarily or permanently displaced due to the COVID-19 outbreak); application or screening fees; reasonable accrued late fees (if not included in rental or utility arrears and if incurred due to COVID-19); any rental deposit required by a Landlord as a condition of obtaining possession and occupancy of a rented dwelling unit; Internet Service provided to the rental unit for the purposes of engaging in distance learning, telework, and telemedicine and for obtaining government services; and payment to a hotel/motel if the Applicant is staying at a hotel/motel longer term (one week or longer) as a means of avoiding homelessness, provided that: (1) the household has been temporarily or permanently displaced from its primary residence or does not have a permanent residence elsewhere; (2) the total months of assistance provided to the household do not exceed 12 months (plus an additional three months if necessary to ensure housing stability for the household); and (3) documentation of the hotel or motel stay is provided and the other applicable requirements imposed by law or policy are met. Neither maintenance costs nor expenses incidental to the charge for a hotel/motel room are included in this definition.

F.G. **“Housing Stability Services”** means case management and other services related to the COVID-19 pandemic intended to help keep Eligible Households stably housed, as defined by the Secretary to include the following: housing counseling; fair housing counseling; case management related to housing stability; housing-related services for survivors of domestic abuse or human trafficking; attorney’s fees related to eviction proceedings; and specialized services for individuals with disabilities or seniors that supports their ability to access or maintain housing.

H. **“HUD”** means the [U.S. Department of Housing and Urban Development](#).

G.I. **“Income”** means either a household’s annual income or sufficient confirmation of the household’s monthly income at the time of application by CIHA.

H.J. **“Indian Tribe”** means a tribe that is a federally recognized tribe or a “State recognized tribe” as those terms are defined in NAHASDA, 25 USC 4103(13).

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~~I.K.~~ **“Internet Service”** means a mass-market retail service by wire or radio that provides the capability to transmit data to and receive data from all or substantially all internet endpoints, including any capabilities that are incidental to and enable the operation of the communications service, but excluding dial-up internet access service. This term also encompasses any service that the Federal Communications Commission finds to be providing a functional equivalent of the service described in the previous sentence.

~~J.L.~~ **“Landlord”** means any individual person, family, or entity who owns or manages a dwelling unit and rents or leases that dwelling unit to an Eligible Household.

~~K.M.~~ **“NAHASDA”** means the Native American Housing Assistance and Self-Determination Act passed by the U.S. Congress in 1996.

~~N.~~ **“National Median Income”** means the U.S. Department of Housing and Urban Development’s most recently published median household income for the United States.

~~L.O.~~ **“Recipient”** means a household of one or more individuals that receives Financial Assistance from the ERA Program Funds.

~~M.P.~~ **“Secretary”** means the Secretary of the U.S. Department of Treasury, except where otherwise indicated.

~~N.Q.~~ **“Treasury”** means the U.S. Department of Treasury.

~~O.R.~~ **“Tribal Member”** means an enrolled member of the Coquille Indian Tribe.

~~P.S.~~ **“Tribe”** means the Coquille Indian Tribe.

SECTION III. EMERGENCY PROGRAM OVERVIEW

A. CIHA shall only use the ERA Program Funds to provide Financial Assistance and Housing Stability Services to Eligible Households in accordance with the terms of this Policy.

1. **Application.** To participate in the ERA Program, an Applicant or a Landlord/owner acting on behalf of the Applicant must first submit a complete, written Application to CIHA. This Application must include all information required by CIHA, as described below in Section V.
2. **Participation.** If an Applicant is approved for participation in the ERA Program, they must then submit information and supporting documentation each month for the Rents and Utility Costs for which they seek continued Financial Assistance, unless such payments are to be provided for a three-month period, for which the Applicant must provide such information for the three-month period.

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B. Financial Assistance

1. At least 90 percent of the ERA Program Funds received by the CIHA must be used to provide Financial Assistance to Eligible Households as defined herein. This 90 percent includes payments for Rent, Utility Costs, and Other Eligible Expenses.
2. CIHA does not need to provide assistance with respect to Rent in order to provide assistance with respect to Utility Costs, and does not need to provide assistance with respect to Utility Costs in order to provide assistance with respect to Rent.
3. CIHA may not provide ERA Program assistance to homeowners to cover their mortgage payment, utilities, or energy costs, except:
 - a. CIHA may provide financial assistance to households that are renting their residence under a “rent-to-own” agreement or Mutual Help and Occupancy Agreement (MHOA), under which the Applicant has the option (or obligation) to purchase the property at the end of the lease term, provided that a member of the Applicant’s household:
 1. is not a signor or co-signor to the mortgage on the property;
 2. does not hold the deed or title to the property; and
 3. has not exercised the option to purchase.
4. **CIHA as the Landlord.** CIHA may provide assistance to Eligible Households for which CIHA is the Landlord, provided that CIHA complies with all provisions of the Section 501 statute and relevant Treasury guidance and that no preferences beyond those outlined in the Section 501 statute are given to Eligible Households that reside in CIHA’s own properties.
5. **Arrears Payments.** If any Eligible Household has any Rent Arrears or Utility Costs Arrears, CIHA must first provide Financial Assistance under this ERA Program to pay all or a portion of those arrears before providing payments for any Current or Prospective Rent or Current or Prospective Utility Costs payments, if and only to the extent that those arrears were the result of financial distress caused by COVID-19.
 - a. **Arrears Cut-Off.** CIHA may only use ERA Program Funds to pay Rent Arrears and Utility Costs Arrears for rent and utility and home energy costs incurred on or after March 13, 2020¹ for which Eligible Households are in arrears.

¹ March 13, 2020 is the date of the emergency declaration pursuant to Section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 USC 5191(b), and is the date identified by Treasury in its initial FAQ as the beginning of the COVID-19 pandemic for the purposes of calculating arrears resulting from COVID-19.

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- b. **Rent Arrears and Utility Costs Arrears** means money that is overdue after missing one or more required payments. Arrears includes interest charges and penalties accrued from the date on which the first missed payment was due. Arrears does not include interest charges or penalties accrued for overdue rent or utility and home energy costs incurred before March 13, 2020.
 - c. An Eligible Household that does not have any arrears payments may still participate in the ERA Program.
6. **Term.** CIHA shall provide Financial Assistance for a period not to exceed twelve (12) months except that CIHA may provide Financial Assistance for an additional three (3) months only if necessary to ensure housing stability for an Eligible Household, subject to the availability of funds.
7. **Prospective Rent Payments—Limitation on Assistance**
- a. Pursuant to Section 501(c)(2)(B) and subject to the exception in subparagraph (b), CIHA shall not provide an Eligible Household with Financial Assistance for Prospective Rent payments for more than three (3) months based on any Application by or on behalf of the household. This limitation does not apply to Prospective Utility Costs.
 - b. **Exception.** For any Eligible Household described in subparagraph (a), such Eligible Household may receive Financial Assistance for Prospective Rent payments for additional months (up to three months) at the expiration of the three-month period described in subparagraph (a):
 - 1. Subject to the availability of CIHA’s remaining ERA Program Funds; and
 - 2. Based on a subsequent application submitted by the Recipient for additional Prospective Rent, provided that the total months of Financial Assistance provided to the Eligible Household do not exceed the total months of assistance allowed under Section III(B)(6).
8. **Distribution of Financial Assistance**
- a. For all Financial Assistance for Rent Arrears, Utility Costs Arrears, Current or Prospective Rent, Current or Prospective Utility Costs, or Rental Deposits provided to an Eligible Household, CIHA will make payments to the Landlord or utility provider on behalf of the Eligible Household.
 - 1. CIHA must make reasonable efforts to obtain the cooperation of Landlords and utility providers to accept payments from the ERA Program. Outreach will be considered complete if:

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- A. a request for participation is sent in writing, by certified mail, to the Landlord or utility provider, and the addressee does not respond to the request within 14 calendar days after mailing;
 - B. if CIHA has made at least three attempts by phone, text, or email over a 10 calendar-day period to request the Landlord or utility provider's participation; or
 - C. the Landlord confirms in writing that the Landlord does not wish to participate.
 - D. For any of these methods, the final outreach attempt to the Landlord or utility provider must be documented. The cost of the mailing is an eligible administrative cost.
2. **Exception.** If, after CIHA's outreach to the Landlord or utility provider, the Landlord or utility provider does not agree to accept such payment from CIHA, CIHA may make such payments directly to the Eligible Household for the purpose of making payments to the Landlord or utility provider.
- b. For any payments made by CIHA to a Landlord or utility provider on behalf of an Eligible Household, CIHA shall provide documentation of such payments to such household.
9. **Other Eligible Expenses.** CIHA may also make payment for other eligible expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak as follows:
- a. Relocation expenses and rental fees (if a household has been temporarily or permanently displaced due to the COVID-19 outbreak);
 - b. Application or screening fees;
 - c. Reasonable accrued late fees (if not included in rental or utility arrears and if incurred due to COVID-19);
 - d. Any rental deposit required by a Landlord as a condition of obtaining possession and occupancy of a rented dwelling unit;
 - e. Internet service provided to the rental unit, so long as the Eligible Household provides documentation or self-attestation that the service is for the purposes of engaging in distance learning, telework, and telemedicine or for obtaining government services; payments can be used for payment of arrears (up until March 13, 2020), for installation, and for up to three months prospective monthly payments; provided that

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CIHA will first ensure that there are sufficient ERA Program funds available to cover other eligible expenses under this Policy before making payment for such service;

- f. Payment to a hotel/motel if the Applicant is staying at a hotel/motel longer term (one week or longer) as a means of avoiding homelessness, provided that: (1) the household has been temporarily or permanently displaced from its primary residence or does not have a permanent residence elsewhere; (2) the total months of assistance provided to the household do not exceed 12 months (plus an additional three months if necessary to ensure housing stability for the household); and (3) documentation of the hotel or motel stay is provided and the other applicable requirements imposed by law or policy are met.

Payments for the Other Eligible Expenses will be paid directly to the provider of such services, subject to the same terms and conditions, and same exceptions, as payments to Landlords and utility providers as set out in Section III (B)(8), above.

- 10. **Duplication of Assistance.** An Eligible Household that occupies a federally-subsidized residential or mixed-use property may receive ERA Program assistance, provided that ERA Program Funds are not applied to costs that have been or will be reimbursed under any other federal assistance. To the extent feasible, CIHA will ensure that any Financial Assistance provided to an Eligible Household pursuant to the ERA Program Funds is not duplicative of any other Federally funded rental assistance provided to such household.
 - a. If an Eligible Household receives a monthly federal subsidy (e.g., a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and the Eligible Household's rent is adjusted according to changes in income, the Eligible Household may not receive ERA Program assistance to cover the portion of the rental payment or utilities that has been subsidized, but ERA Program assistance can be provided to pay the Eligible Household's owed portion of Rent or Utility Costs (i.e., the amount that the Eligible Household is required to pay out of its own funds to the Landlord or utility provider).
 - b. If an Eligible Household receives rental assistance other than through the ERA Program, the ERA Program assistance may only be used to pay for costs, such as the tenant-paid portion of Rent and Utility costs, that are not paid for by the other rental assistance. Pursuant to Section 501(k)(3)(B) of Subdivision N of the Act and 2 CFR 200.403, when providing ERA Program assistance, CIHA must review the Eligible Household's income and sources of assistance to confirm that the ERA Program assistance does not duplicate any other assistance, including federal, state, and local assistance provided for the same costs.
- 11. **Treatment of Assistance.** Assistance provided to an Eligible Household from the ERA Program Funds will not be regarded as Income and will not be regarded as a resource for purposes of determining the eligibility of the Eligible Household or any member of the Eligible Household for benefits or assistance, or the amount or extent of benefits or

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assistance, under any Federal program, the CIHA program, or any Tribal program financed in whole or in part with Federal funds.

C. Housing Stability Services

1. Not more than 10 percent of the ERA Program Funds received by CIHA pursuant to Section 501 may be used to provide Eligible Households with Housing Stability Services intended to help keep Eligible Households stably housed. CIHA must maintain records regarding such Housing Stability Services and the amount of funds provided to them.

SECTION IV. ELIGIBILITY

A. Eligibility Requirements. In order to be eligible to apply for the ERA Program, at the time the Applicant applies to the Program the Applicant must meet the following eligibility requirements:

1. The Applicant is part of a household of one (1) or more individuals who are occupying as tenants and obligated to pay rent on a residential dwelling and with respect to which CIHA determines—
 - a. That one (1) or more individuals within the house has:
 1. Qualified for unemployment benefits as evidenced by a written attestation signed by the Applicant or other relevant documentation regarding the household member's qualification for unemployment benefits, or
 2. Experienced a reduction in household Income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic, as evidenced by a written attestation signed by the Applicant that one or more members of the household meets this condition;
 - b. That one (1) or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include:
 1. A past due utility or rent notice or eviction notice;
 2. Unsafe or unhealthy living conditions, including overcrowding, lack of adequate heat, plumbing, or sewer, threat or occurrence of domestic violence, criminal activity including drug-related criminal activity, as evidenced by a written attestation from the Applicant, documentary or photographic evidence, court or police records; or
 3. Any other evidence of such risk, as determined by CIHA, which evidence may include a written attestation from the Applicant, documentary or photographic evidence, court or police records; and

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- c. The household meets at least one (1) of the following income, citizenship, and geographic criteria:
- 4.1. The household is located anywhere in the United States, contains one family member (regardless of whether that member is an adult or head of household) who is a member of the Tribe, and has a household Income that is not more than the greater of 80 percent of the Area Median Income or 80 percent of the National Median Income for the household;
 2. The household is located within the Tribe's service area, contains one family member (regardless of whether that member is an adult or head of household) who is a member of an Indian Tribe, and has a household Income that is not more than the greater of 80 percent of the Area Median Income or 80 percent of the National Median Income for the household; or
 3. The household is located within Coos County, regardless of membership or Tribal status, and has a household Income that is not more than 80 percent of the Area Median Income for the household.
- ~~d. There are no geographic limitations on where an Applicant household is located to be eligible for Financial Assistance under the ERA Program.~~

B. Income Determination. In determining the Income of a household for purposes of determining such household's eligibility for assistance from the ERA Program Funds, CIHA will consider either the household's total annual Income or monthly Income:

1. **Annual Income.** CIHA may consider the household's total annual income for calendar year 2020.
 - a. **Annual Income.** CIHA may choose between using the definition of "annual income" as provided by HUD in 24 CFR 5.609 or using adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 series for individual Federal annual income tax purposes.
 - b. For determining Annual Income, CIHA should obtain at the time of application source documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement), or a copy of Form 1040 as filed with the IRS for the household.
2. **Monthly Income.** Subject to subparagraph (a) below, CIHA may determine Income based on sufficient confirmation of the household's monthly income at the time of Application for such assistance and extrapolating over a 12-month period to determine whether household income exceeds the greater of 80 percent of Area Median Income or 80 percent of National Median Income.

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- a. In the case of Income determined based on monthly income under the preceding subparagraph (2), CIHA shall be required to re-determine the eligibility of a household's Income after each such period of three (3) months for which the household receives assistance from the ERA Program Funds.
 1. For determining monthly income, CIHA must obtain income source documentation for at least the two months prior to the submission of the application for assistance.
3. **Documentation of Income Determination.** Applicant must provide sufficient information to CIHA to enable CIHA to have a reasonable basis under the circumstances for determining Income. Except as discussed below, this generally requires a written attestation from the Applicant as to household income and also documentation available to the applicant to support the determination of income, such as paystubs, W-2s or other wage statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer. As discussed below, under limited circumstances, CIHA may rely on a written attestation from the applicant without further documentation of household income. CIHA has the discretion to provide waivers or exceptions to this documentation requirement to accommodate disabilities, extenuating circumstances related to the pandemic, or a lack of technological access. In these cases, CIHA is still responsible for making the required determination regarding the Applicant's household income and documenting that determination.
4. **Categorical Eligibility.** If an Applicant's household income has been verified to be at or below [the greater of 80 percent of the Area Median Income or 80 percent of the National Median Income](#) in connection with another tribal, local, state, or federal government assistance program, CIHA will rely on a determination letter from the government agency that verified the applicant's household income, provided that the determination for such program was made on or after January 1, 2020.
5. **Written Attestation Without Further Documentation.** To the extent that a household's income, or a portion thereof, is not verifiable due to the impact of COVID-19 (for example, because a place of employment has closed) or has been received in cash, or if the household has no qualifying income, CIHA will accept a written attestation from the Applicant regarding household income. If such a written attestation without further documentation is relied on, CIHA will reassess household income for such household every three months. In appropriate cases, CIHA will rely on an attestation from a caseworker or other professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance.

SECTION V. APPLICATIONS FOR ERA PROGRAM

- A. **Participation Applications.** To participate in the ERA Program, an Applicant must first submit a complete, written Application on the forms provided by CIHA, which are attached as Exhibits to this Policy. All information required to be on the forms must be completed, or

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the Application will be returned. Applications for the ERA Program must be submitted to CIHA by mailing or dropping off the Applications to the following address:

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

Or submitting such Applications by email to: cihaacovid@coquilleiha.org

The Application must include the following information and supporting documentation:

1. Applicant and Household Information.

- a. Full name and date of birth of the applicant and of all members of Applicant's household;
- b. Applicant's address and contact information; rental unit address (if different from Applicant's current address);
- c. For Landlords and utility providers, the name, address, and Social Security number, tax identification number, or DUNS number;
- d. Total amount of each type of assistance requested by Applicant to be provided to the household (i.e., rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing incurred due directly or indirectly to the COVID-19 outbreak);
- e. Amount of outstanding rental arrears for the household;
- f. Amount of outstanding utilities arrears for the household;
- g. Number of months of rental payments and number of months of utility or home energy cost payments for which ERA Program assistance is requested;
- h. Household income and number of individuals in the household; and
- i. Gender, race, and ethnicity of the primary Applicant for assistance (for Treasury reporting purposes only).

2. Financial Hardship. Information and supporting documentation demonstrating that one (1) or more individuals within the household is experiencing financial hardship. The Applicant must submit documentation as set out in Section IV(A), above.

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3. **Housing Instability.** Information and supporting documentation demonstrating that one (1) or more individuals within the household has a risk of experiencing homelessness or housing instability. The Applicant must submit documentation as set out in Section IV (A), above.
4. **Income.** Information and supporting documentation demonstrating the Applicant has a household Income that is not more than [the greater of 80 percent of the Area Median Income or 80 percent of the National Median Income](#). The Applicant must submit documentation as set out in Section IV(B), above.
5. **Release of Information.** This form is attached as an Exhibit.
6. **Attestation of Economic Hardship.** A signed self-attestation of economic hardship. This form is attached as an Exhibit.
7. Such other information as may be specifically requested by CIHA to document Income, the need for the services being applied for, and the connection of that need for services to the COVID-19 pandemic.

B. Application for Assistance by Landlords and Owners

1. Subject to paragraph (B)(2) of this Section, a Landlord of a residential dwelling may:
 - a. Assist a renter of such dwelling in applying for assistance from the ERA Program; or
 - b. Apply for such assistance on behalf of a renter of such dwelling.
2. **Requirements for Applications Submitted on Behalf of Renters**
 - a. If a Landlord of a residential dwelling submits an Application for assistance from the ERA Program Funds on behalf of a renter of such dwelling—
 1. The Landlord must obtain the signature of the renter on such Application, which may be documented electronically;
 2. Documentation of such Application must be provided to the renter by the Landlord; and
 3. Any payments received by the Landlord from the ERA Program Funds shall be used to satisfy the renter's rental obligations to the Landlord.

C. Notification of Change of Eligibility. Applicants are required to notify CIHA in writing immediately whenever any determining factor of eligibility changes. This includes:

1. No longer qualifying for unemployment benefits,

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2. No longer experiencing a reduction in household income or other financial hardship,
3. No longer facing a risk of homelessness or housing instability, or
4. Having an income that is above [the greater of](#) 80 percent of the Area Median Income [or 80 percent of the National Median Income](#) for the household.

D. Falsification and Investigation

1. If it is discovered that an Applicant has falsified his or her Application, or otherwise abused the ERA Program, or if a Recipient fails to notify CIHA of changes to the household's eligibility, the household will be subject to penalties. Penalties will include ineligibility for continued participation in the ERA Program and repayment of the value of any benefit for which they were not eligible to receive. CIHA shall have the right to seek such repayment through garnishment of the Recipient's per capita distribution or wages, if any.
2. CIHA shall retain the right to conduct a follow-up investigation into any self-attestations submitted or regarding any other documentation, at its own discretion, if it determines that the reliability or accuracy of the information provided is in doubt.

E. Application Review

1. The CIHA staff member receiving the Application shall sign and date the Application when it is received at the CIHA offices.
2. **Preferences and Priorities.** Applications will be reviewed and processed as they are received. However, in anticipation of CIHA receiving a substantial number of applications within a short period of time, with a finite amount of funding available, CIHA shall review and process Applications for Financial Services under this Policy according to the following order of preferences.
 - a. The Income of the household does not exceed [the lesser of](#) 50 percent of the Area [Median Income or 50 percent of the National](#) Median Income for the household.
 - b. One or more individuals within the household are unemployed as of the date of the Application for assistance and have not been employed for the 90-day period preceding such date.
 - c. In reviewing Applications, CIHA will further prioritize consideration of the Applications of an Eligible Household.
 1. First preference will be given to Eligible Households that have at least one family member (regardless of whether that member is an adult or head of household) who is a Tribal member.

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2. Second preference will be given to Eligible Households that have at least one family member (regardless of whether that member is an adult or head of household) who is a member of an Indian Tribe.
3. Third preference will be given to all other Eligible Households.
3. **Approval of Application.** CIHA will notify Applicants in writing, within fourteen (14) days of CIHA's receipt of the Application, of CIHA's decision of whether the Applicant has been approved to receive Financial Assistance.
4. **Denial of Application.** If upon initial review, CIHA determines that the Applicant is not eligible or the request is outside of this Policy, or there are no longer any ERA Program Funds available, CIHA will notify the Applicant in writing of this determination, the applicable policies which support the determination, and the process of appeal (if allowed).
 - a. **Process of Appeal.** Any Applicant who is dissatisfied with a decision of CIHA concerning eligibility of assistance, the level of benefit approved, or the type of services available, can appeal that decision under the regular CIHA appeal procedures for denial of services.
 - b. **No Appeal.** If the reason for the denial of the Application is that there are no longer any ERA Program Funds remaining, such denial is not subject to appeal.

SECTION VI. ERA PROGRAM PARTICIPATION

A. Submission of Documentation

1. Once an Applicant is approved for participation in the ERA Program, they must submit information and documentation on the Rent Arrears, Utility Costs Arrears, Prospective Rent, and Prospective Utility Costs for which they are seeking Financial Assistance.
 - a. Applicants may submit the above information and documentation at the same time that they submit their initial program Application.
2. For each additional month (or three-month prospective period, if applicable) that a Recipient seeks Financial Assistance under this ERA Program, the Recipient must submit the information and documentation listed below for the Rent and Utility Costs for which they seek assistance.
3. **Information and Documentation of Need for Financial Assistance.** Applicants and Recipients must submit information and supporting documentation on the following:
 - a. Signed copy of the Applicant's current or prospective rental agreement; and

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- b. **Rent Arrears.** If the applicant is seeking assistance for past rent for which they are in arrears:
 - 1. Copies of the notice(s) of past rent due;
 - 2. Documentation detailing the past rent due, accrual of any interest charges and/or penalties, and the total amount in arrears;
 - 3. Name and current address of the Landlord to whom payment must be made.
- c. **Utility Costs Arrears.** If the applicant is seeking assistance for past rent for which they are in arrears:
 - 1. Copies of the notice(s) of past Utility Costs due;
 - 2. Documentation detailing the past Utility Costs due, accrual of any interest charges and/or penalties, and the total amount in arrears;
 - 3. Name and current address of utility provider to whom payment must be made.
- d. **Current Rent, Prospective Rent, or Rental Deposit.** If the applicant is seeking assistance for current or future Rent payments or Rental Deposit:
 - 1. Name and current address of the Landlord to whom payment must be made.
- e. **Current or Prospective Utility Costs.** If the applicant is seeking assistance for current or future Utility Costs:
 - 1. Copy of utility bill showing utility costs due; and
 - 2. Name and current address of utility provider to whom payment must be made.

B. Prospective Payments

- 1. If a Recipient who has already received three (3) months of Prospective Rent or Prospective Utility Costs seeks assistance for additional Prospective Rent or Prospective Utility Costs, the Recipient must submit a new application for additional Financial Assistance.

SECTION VII. ERA PROGRAM MANAGEMENT

A. Maintenance of and Access to Records

- 1. CIHA must create and maintain a set of files for this ERA Program separate from all other CIHA programs. Any Recipient who also participates in another CIHA program must have a separate file maintained specifically for the ERA Program.

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2. CIHA may copy relevant documents from a Recipient's existing file under a separate CIHA program so that the Recipient does not need submit the same documentation twice, provided that the copied documentation for the ERA Program is kept separately with all other ERA Program files.
3. CIHA shall maintain records and financial documents sufficient to support compliance with Section 501(c) regarding the eligible uses of funds.
4. The U.S. Treasury Office of Inspector General and the Government Accountability Office, or their authorized representatives, shall have the right of access to records (electronic and otherwise) of CIHA in order to conduct audits or other investigations.
5. CIHA shall maintain records for a period of five (5) years after all funds have been expended or returned to the Treasury.

B. Report Requirements

1. CIHA shall maintain and submit quarterly records detailing such information as is required by the Secretary. CIHA should be prepared to collect and retain records on the following:
 - a. Number of applications received;
 - b. Address of the rental unit of each Recipient;
 - c. Name, address, Social Security number, tax identification number or DUNS number, as applicable, for the Landlord and utility provider;
 - d. Amount and percentage of monthly rent covered by ERA assistance;
 - e. Amount and percentage of separately-stated utility and home energy costs covered by ERA assistance;
 - f. Total amount of each type of assistance (i.e., rent, rental arrears, utilities and home energy costs, utilities, and home energy costs arrears) provided to each household;
 - g. Amount of outstanding rental arrears for each household;
 - h. Number of months of rental payments and number of months of utility or home energy cost;
 - i. Payments for which ERA assistance is provided;
 - j. Household income and number of individuals in the household; and
 - k. Gender, race, and ethnicity for the primary applicant for assistance.

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2. **Privacy Requirements.** CIHA shall establish data privacy and security requirements for the information required by the Secretary for use of ERA Program Funds, in accordance with Section 501(g)(4). The data privacy and security requirements must—
 - a. Include appropriate measures to ensure that the privacy of the individuals and households is protected;
 - b. Provide that the information, including any personally identifiable information, is collected and used only for the purpose of submitting reports in compliance with this Policy; and
 - c. Provide confidentiality protections for data collected about any individuals who are survivors of intimate partner violence, sexual assault, or stalking.
- C. **Compliance with Applicable Laws and Regulations.** In carrying out housing activities funded by the ERA Program Funds, CIHA will comply with the following laws and regulations.
 1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200, other than such provisions as the Secretary may determine are inapplicable to the ERA Program Funds and subject to such exceptions as may be otherwise provided by the Secretary. Subpart F – Audit Requirements of the Uniform Guidance, implementing the Single Audit Act, shall apply to the ERA Program Funds.
 2. Universal Identifier and System for Award Management (SAM), 2 CFR Part 25 and pursuant to which the award term set forth in Appendix A to 2 CFR Part 25 is hereby incorporated by reference.
 3. Reporting Subaward and Executive Compensation Information, 2 CFR Part 170, pursuant to which the award term set forth in Appendix A to 2 CFR Part 170 is hereby incorporated by reference.
 4. OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 CFR Part 180 (including the requirement to include a term or condition in all lower tier covered transactions (contracts and subcontracts described in 2 CFR Part 180, subpart B) that the award is subject to 2 CFR Part 180 and the Treasury’s implementing regulation at 31 CFR Part 19.
 5. Recipient Integrity and Performance Matters, pursuant to which the award term set forth in 2 CFR Part 200, Appendix XII to Part 200 is hereby incorporated by reference.
 6. Government-wide Requirements for Drug-Free Workplace, 31 CFR Part 20.
 7. New Restrictions on Lobbying, 31 CFR Part 21.

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8. Title VI of the Civil Rights Act of 1964 and the Fair Housing Act, which prohibit discrimination on the basis of race, color, national origin, sex, familial status, or disability, with the understanding, codified in regulation at 24 CFR 1000.12(d), that Tribes and TDHEs carrying out housing activities satisfy these requirements by their compliance with the Indian Civil Rights Act, 25 USC §§ 1301-1304 (ICRA), and with the further understanding that, as codified in 25 USC §§ 4114(b) and 4131(b), Tribes and TDHEs are permitted to use Indian and Tribal-specific preference in providing housing services, as well as in contracting and hiring.
 9. The non-discrimination requirements as applied under Section 504 of the Rehabilitation Act of 1973 and the Department of Housing and Urban Development implementing regulations at 24 CFR Part 8.
 10. The Age Discrimination Act of 1975, as amended (42 USC §§ 6101 et seq.) and the Treasury's implementing regulations at 31 CFR Part 23, which prohibit discrimination on the basis of age in programs or activities receiving federal financial assistance.
- D. **Publications.** Any publications produced with the ERA Program Funds must display the following language: "This project [is being] [was] supported, in whole or in part, by federal award number [enter project FAIN] awarded to [name of Recipient] by the U.S. Department of the Treasury."

SECTION VIII. USE AND MANAGEMENT OF FUNDS

- A. **Use of funds.** CIHA understands and agrees that the ERA Program Funds may only be used for the purposes set forth in Section 501. [ERA Program Funds will be used to pay for the services set out in this Policy to the maximum extent permitted by law.](#)
- B. **Use of Supplemental Funds.** [For households made eligible under Section IV\(A\)\(1\)\(c\)\(1\)-\(2\) with income above 80 percent of the Area Median Income but below 80 percent of the National Median Income, CIHA may only expend funds through this Program from other eligible funding sources, such as Indian Housing Block Grant-American Rescue Plan \(IHBG-ARP\) funds.](#)

B-C. Financial Management of ERA Program Funds

1. The ERA Program Funds received by CIHA must be held and maintained in a bank account depository separate from all other CIHA funds.
2. The depository in which the ERA Program Funds are deposited must be a financial institution that is approved by Treasury and that is sufficiently insured by the Federal Deposit Insurance Corporation ("FDIC") or National Credit Union Share Insurance Fund ("NCUSIF").

COQUILLE INDIAN HOUSING AUTHORITY
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3. The ERA Program Funds should be accounted for separately from other CIHA funds, including IHBG-ARP funds used for Applicants that are otherwise income or location ineligible under Section 501 but made eligible for assistance under Section IV(A)(1)(c)(1)-(2) of this Policy.
4. **Collateralization of ERA Program Funds.** All deposits of ERA Program Funds that are in excess of the FDIC insured amount must be continuously and fully secured. This may be accomplished by the pledging or setting aside of collateral of identifiable U.S. Government securities. Such securities shall be owned by the depository, and the manner of collateralization shall provide CIHA with a continuing perfected security interest for the full term of the deposit in the collateral in accordance with applicable laws and Federal regulations. Such collateral shall, at all times, have a market value at least equal to the amount of the deposits so secured.

C.D. Administrative Costs

1. CIHA may not use more than ten percent (10%) of the amount of the ERA Program Funds that CIHA receives for administrative costs attributable to providing Financial Assistance as defined above, including for data collection and reporting requirements related to such funds.
- ~~2. CIHA may not use more than ten percent (10%) of the amount of the ERA Program Funds that CIHA receives for Housing Stability Services.~~
- ~~3. Notwithstanding subparagraphs (C)(1) and (C)(2), above, CIHA may not use more than a total of ten percent (10%) of the amount of the ERA Program Funds that CIHA receives for the combined expenditures on administrative costs and Housing Stability Costs.~~
- ~~4. The ERA Program Funds may not be used for any administrative costs other than to the extent allowed under preceding subparagraph (C)(1) of this Section.~~
- ~~5. Administrative expenses of CIHA may be treated as direct costs, but CIHA may not cover indirect costs using the ERA Program Funds, and CIHA may not apply its negotiated indirect cost rate to ERA Program Funds.~~

D.E. Expenditure of ERA Program Funds

1. Pursuant to Section 501(d), at least 65% of the total amount of Treasury ERA Program Funds received by CIHA must be expended by September 30, 2021. If CIHA does not expend at least 65% of the Treasury ERA Program Funds by September 30, 2021, CIHA will be required to repay to the Treasury the entire amount not expended (“Excess ERA Program Funds”) by that date.

COQUILLE INDIAN HOUSING AUTHORITY
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM POLICY

2. Pursuant to Section 501(e), CIHA must expend all Treasury ERA Program Funds by December 31, ~~2021~~2022, unless extended in compliance with the ~~ease~~terms of a ~~reallocation made by the Secretary pursuant to Section 501(d), CIHA requests and receives from the Secretary an extension of up to 90 days.~~Treasury ERA Program. CIHA will be required to repay to the Treasury any amounts not expended by December 31, ~~2021~~2022, except ~~in~~as otherwise permitted by the ~~ease of an extension.~~Treasury.
 - a. Any such requests for extension must be provided in the form and must include such information as Treasury may require.
3. Amounts not expended by CIHA in accordance with Section 501 must be repaid to Treasury in the manner specified by Treasury.

E.F. Cost Sharing. Cost sharing or matching funds are not required to be provided by CIHA.

F.G. Debts Owed the Federal Government

1. Any funds paid to CIHA (1) in excess of the amount to which CIHA is finally determined to be authorized to retain under the terms of this award; (2) that are determined by the Treasury Office of Inspector General to have been misused; or (3) that are not repaid by CIHA as may be required by Treasury pursuant to Section 501(d) shall constitute a debt to the federal government.
2. Any debts determined to be owed the federal government must be paid promptly by CIHA. A debt is delinquent if it has not been paid by the date specified in the Treasury's initial written demand for payment unless other satisfactory arrangements have been made. Interest, penalties, and administrative charges shall be charged on delinquent debts in accordance with 31 USC § 3717 and 31 CFR 901.9. The Treasury will refer any debt that is more than 180 days delinquent to the Treasury's Bureau of the Fiscal Service for debt collection services.
3. Penalties on any debts shall accrue at a rate of not more than 6 (six) percent per year or such other higher rate as authorized by law. Administrative charges, that is, the costs of processing and handling a delinquent debt, shall be determined by the Secretary.



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 being 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, to the COVID-19 pandemic</u> ? (Check all that apply) <ul style="list-style-type: none"><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) <ul style="list-style-type: none"><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:
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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

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



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM

FINANCIAL ASSISTANCE FORM

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs, and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

This project is being 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.

“Financial Assistance” means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

“Rent” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

“Utility Costs” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately stated charges. Utility costs do not include telecommunication services (e.g. telephone, cable, and internet services).

FINANCIAL ASSISTANCE FORM CHECKLIST

For all Applicants:

- ☐ Current Rental Lease

Submit the following documentation if applicable:

- ☐ Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- ☐ Documents showing Utility Cost Arrears and interest/penalties accrued
- ☐ Utility bills showing Current Utility Costs due
- ☐ Documents showing other expenses related to COVID-19 for which payment is due

ADDITIONAL REQUIREMENTS

- 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.

Return the 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 forms,
please call CIHA at (541) 888-6501 or toll free (800) 988-6501.

**Please complete the Financial Assistance Form in full.
Incomplete forms will delay processing and funding.**

APPLICANT INFORMATION

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)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently pay to rent the dwelling unit in which you are living (this includes an apartment, a house, a room in a house or apartment, or longer-term hotel/motel stay [one week or more])? If yes, attach and submit your current rental agreement, lease, or other agreement if you have it.
--	--

CURRENT LANDLORD AND RENT INFORMATION

Current Landlord Name	Contact Phone	Landlord Email Address
Landlord Mailing Address	City, State, Zip	Monthly Rent Amount

TYPE OF ASSISTANCE REQUESTED

- ☐ Rent Arrears and Utility Cost Arrears – **ONLY** includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020**
- ☐ Current Rent and Current Utility Costs – Amounts due but not in arrears, including deposit
- ☐ Prospective Rent and Prospective Utility Costs
- ☐ Other Housing Expenses – Including Internet service in order to engage in distance learning, telework, telemedicine, or for obtaining government services

RENT ARREARS AND UTILITY COST ARREARS¹

Do you have any rent arrears or utility costs arrears? (Check all boxes that apply)

If you check any of the boxes below, attach supporting documentation (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.) for each arrears payment.

☐ **Rent Arrears** (Rent payments in arrears)

Total Amount in Arrears: _____

Landlord Name	Contact Phone	Landlord Email Address
Landlord Mailing Address	City, State, Zip	# of Months in Arrears

☐ **Utility Cost Arrears** (Utility costs payments in arrears)

Total Amount in Arrears: _____

Type of Utility	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount
Mailing Address	City, State, Zip	Phone Number

¹ **Arrears Payments:** If any Applicant has any Rent or Utility Arrears, Coquille Indian Housing Authority will first pay those arrears before providing payments for current or future Rent or Utility payments.

CURRENT RENTAL AND CURRENT UTILITY COSTS

Do you expect to be unable to pay your current rent, current utility costs, or required deposit to obtain rental housing? (Check all boxes that apply)

If you check any of the boxes below, attach supporting documentation (rental lease, documents showing rent or utility costs due, etc.) for each current rent or current utility costs, if available.

☐ **Current Rent payment due** (due, but not yet in arrears) Amount due _____

Landlord Name	Contact Phone	Landlord Email Address
Landlord Mailing Address	City, State, Zip	Due date

☐ **Current Deposit payment due** (due to obtain rental housing) Amount due _____

Landlord Name	Contact Phone	Landlord Email Address
Landlord Mailing Address	City, State, Zip	Due date

☐ **Current Utility Costs Payments due** (due, but not yet in arrears)

Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number

PROSPECTIVE RENTAL AND PROSPECTIVE UTILITY COSTS

Do you expect to be unable to pay your prospective rent or prospective utility costs?

(Check all boxes that apply)

If you check any of the boxes below, attach supporting documentation (rental lease, documents showing rent or utility costs due, etc.) for each prospective payment, if available.

☐ **Prospective Rent Payment due** (expected to be owed) Amount due _____

Landlord Name	Contact Phone	Landlord Email Address
Landlord Mailing Address	City, State, Zip	

☐ **Prospective Utility Costs Payments due** (expected to be owed)

Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number
Type of Utility	Provider and Account Number	Amount and date due
Mailing Address	City, State, Zip	Phone Number

OTHER HOUSING EXPENSES

Do you expect to be unable to pay any other housing expenses? Expenses related to housing incurred due, directly or indirectly, to the COVID-19 outbreak, as defined by the Secretary of the Treasury, including costs for Internet service in order to engage in distance learning, telework, telemedicine, or for obtaining government services. Maintenance costs are NOT included in this definition. (Check all boxes that apply)

If you check any of the boxes below, attach supporting documentation (bills showing payments due, documents showing interest accrued, etc.) for each housing expenses payment due, if available.

☐ **Other Housing Expenses Payments due**

Type of Cost	Amount Due	Date Due
Provider	Account Number	Phone Number
Mailing Address	City, State, Zip	Email Address
Type of Cost	Amount Due	Date Due
Provider	Account Number	Phone Number
Mailing Address	City, State, Zip	Email Address
Type of Cost	Amount Due	Date Due
Provider	Account Number	Phone Number
Mailing Address	City, State, Zip	Email Address
Type of Cost	Amount Due	Date Due
Provider	Account Number	Phone Number
Mailing Address	City, State, Zip	Email Address

APPLICANT ACKNOWLEDGEMENTS AND ATTESTATION

TO THE APPLICANT: By signing this form, you are certifying that you have not already received funding or a benefit from another source for the same assistance being applied for with this form ("Duplicative Benefit"). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicate benefit, please note what that is below:

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, misleading statements or information, or failure to notify the Coquille Indian Housing Authority of changes to my household's eligibility, will be grounds for denial of the application; and, if assistance has already been granted, recapture of any funds provided will be pursued, and may be grounds for civil or crimination 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
COVID-19 EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM**

APPLICANT ATTESTATION OF ECONOMIC HARDSHIP

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

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

I agree to notify the Coquille Indian Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature

Date Signed



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420

APPLICANT AUTHORIZATION FOR THE RELEASE OF INFORMATION

I 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.

Consent: I authorize and direct any federal, state, tribal, local, or private agency, organization, or individual to release to the Coquille Indian Housing Authority (CIHA) any information or materials needed to complete and verify my application for program participation and to maintain my continued assistance under any and all CIHA programs no matter the funding source. I understand and agree that my signature below authorizes CIHA, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of the Treasury, the Coquille Indian Tribe, and any other federal, state, tribal, local, or private funding agency, organization, or individual granting or loaning funds to CIHA to use any information received under this release to administer and enforce their respective program rules and policies. I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that a person or entity has in their or its possession to the Coquille Indian Housing Authority.

Information covered: I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be addressed include but are not limited to: identity and marital status; household composition; medical and childcare expenses; employment, income, and assets; credit and criminal activity; residence and rental activity; utility costs; disability assistance expense; Social Security programs, etc. I understand that this authorization cannot be used to obtain information that is not pertinent to my eligibility for and continued participation in CIHA programs.

Groups or Individuals that may be contacted: Groups or individuals that I authorize to release the above information include but are not limited to: current and previous landlords; other housing agencies; courts and post offices; schools and colleges; law enforcement agencies; support and alimony providers; past and present employers; utility companies; private employment agencies; child care providers; the U.S. Department of Veterans Affairs and Social Security Administration; any federal, state, tribal, or local human services, health, or employment department; retirement systems; credit providers and credit bureaus; banks and financial institutions, under Section 502(e)(2) of the Graham-Leach-Bliley Act (P.L. 106-102).

Computer matching consent: I understand and agree that CIHA may conduct computer matching programs to verify the information supplied for my application or recertification, including information received under this authorization or any other authorization I sign. If a computer match is done, I understand that I have the right to notification of any adverse information found and the opportunity to disprove that information. CIHA may, in the course of its duties, exchange such automated information with other federal, state, tribal, and local agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. 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 Coquille Indian Housing Authority. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Print Applicant Name

Applicant Signature

Social Security Number

Date Signed