



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
- Documents showing rent arrears and interest/penalties/late fees accrued
- Copy of current utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Documents showing other expenses related to COVID-19 for which payment is due
- 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 for the rent and utility costs for that month and prospective months for which they seek assistance.

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.**

ERA PROGRAM - 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 currently pay to rent the dwelling unit in which you are living (this includes an apartment, house, a room in a house or apartment, or longer-term hotel/motel stay)? If yes, please attach your current rental agreement, lease, or other agreement

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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ERA PROGRAM – FINANCIAL ASSISTANCE REQUESTED

RENT AND 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 and interest accrued if in arrears, etc.) for each

RENT **Arrears** **Current** **Prospective**

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

UTILITIES **Arrears** **Current** **Prospective**

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.

OTHER HOUSING EXPENSES, INCLUDING DEPOSITS, RELOCATION EXPENSES, AND INTERNET

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.

DEPOSIT PAYMENTS (due to obtain rental housing) Amount due _____

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

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

OTHER HOUSING EXPENSES **Arrears** **Current** **Prospective**

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:

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, 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

Data Entry by: _____ Date: _____ Application # _____

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.

Specifically, *[describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member]*

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