

KBIC HOUSING DEPARTMENT
CO-VID 19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Form Checklist

Please review your application and include all documentation listed below:

All Applicants

- Current Rental Lease/Agreement, and
- Proof of any household income, and
- Release of Information Form, and
- Certificate of Economic Hardship
- Proof of Tribal Membership or KBIC Direct Descendant

All applicable documentation for rent or utilities.

- Rent
 - Current month
 - Rent Arrears; or
 - 7 Day Notice to Quit; or
 - Eviction notice
 - Future Rent
 - Rent Deposit
 - Proof of notice of assignment (if applicable)

- Utility Costs (electrical, gas, propane, fuel oil, water/sewer, garbage, Internet)
 - Current costs
 - Utility Arrears; or
 - Shut off notice
 - Future Utility costs

Return application in person or by one of the methods listed below:

Email: erap@kbic-nsn.gov

Fax: (906) 353-7623

Mail: KBIC Housing Department – 220 Main St – Baraga, MI 49908

Your application will not be processed for payment unless it is properly filled out and all documentation is submitted.

You cannot apply to more than one agency for the Emergency Rental Assistance Program.

Income Verification

Provide information on either the total annual income of your household for the 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.

or

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

Self-Certification of Housing Instability or Risk of Homelessness

A member of my household has experienced a risk of homelessness or housing instability, and cannot document the risk that may have existed over a period from March 21, 2020 to the present. The hardship includes (check all that apply):

- A past due utility or rent notice or eviction notice.
- Unsafe or unhealthy living conditions due to overcrowding.
- Monthly rent and utilities are more than the household can afford.
- The household struggles to purchase essential goods such as food, PPE or prescription drugs.
- The household struggles with needed services such as childcare, transportation needs, or equipment for remote work or school.
- The household is relying on other means other than wages to pay rent or utilities such as credit cards or high-cost loans or has depleted savings.
- One or more household members have experienced homelessness.
- Other _____

Signature of Applicant

Date

Financial Hardship

1. Do you or any individual in your household qualify for unemployment benefits?

Yes No

- a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.

Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)

- A reduction in household income
- Loss of Employment/Temporary Layoff/or Furlough
- Reduction in hours/pay.
- Unable to work or experiencing financial hardship due to no child care/school.
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc.)
- Other financial hardship; list: _____

Landlord Information

Landlord Name: _____

Landlord Mailing Address _____

City _____ State _____ Zip Code _____

Email _____ Phone No. _____

Rent and/or Utility Needs

Rent Arrears \$ _____ Current \$ _____ Future \$ _____

Total amount \$ _____

Utility Arrears \$ _____ Current \$ _____ Future \$ _____

Type of Utility: Electric Gas Propane Fuel Oil Water/Sewer Garbage Internet

Utility Provider: _____ Account Number _____

Total amount \$ _____

Utility Arrears \$ _____ Current \$ _____ Future \$ _____

Type of Utility: Electric Gas Propane Fuel Oil Water/Sewer Garbage Internet

Utility Provider: _____ Account Number _____

Total amount \$ _____

Utility Arrears \$ _____ Current \$ _____ Future \$ _____

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Total amount \$ _____

Utility Arrears \$ _____ Current \$ _____ Future \$ _____

Type of Utility: Electric Gas Propane Fuel Oil Water/Sewer Garbage Internet

Utility Provider: _____ Account Number _____

Total amount \$ _____

Applicant Acknowledgement

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or 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 duplicative benefit, please note what that is below:

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify KBIC Housing Department of changes to my household’s eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if the KBIC Tribal Prosecutor determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

If a landlord or owner of a residential dwelling submits this Form 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

Form Received by KBIC Housing Department:

STAFF SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: Yes No Reason: _____

If denied, formal notification sent on _____

Staff Signature: _____

**KEWEENAW BAY INDIAN COMMUNITY
HOUSING DEPARTMENT
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

Applicant Certificate of Economic Hardship

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 hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the KBIC Housing Department of any significant changes to my household income or financial status that would impact my eligibility for ERAP.

By my signature below, I certify 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

Date

COVID 19 Emergency Rental Assistance Program

AUTHORIZATION for Release of Information

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

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

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

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

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

Past and Present Employers	Veterans Administration	
Public Housing Agencies	Welfare Agencies	Retirement System
Social Security Administration	Support and Alimony Providers	Utility Companies

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

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

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	<u>DATE</u>
Head of Household:	_____	_____	_____
Spouse:	_____	_____	_____
Adult Member:	_____	_____	_____
Adult Member:	_____	_____	_____