



## COVID-19 RELIEF EMERGENCY RENTAL PROGRAM

### ELIGIBILITY REQUIREMENTS

Main applicant must:

- Be part of a household with at least one enrolled Alaska Native or American Indian tribal member;
- Be at least 18 years old;
- Meet income guidelines (see below);
- Have experienced financial hardship that could result in displacement as a direct or indirect result of the COVID-19 pandemic;
- Provide all required documents;
- Complete and sign the program application.

### INCOME LIMITS

Number in Household	1	2	3	4	5	6	7	8
Maximum Income Limit	\$55,000	\$62,850	\$70,700	\$78,550	\$84,850	\$91,150	\$97,450	\$103,700

### What does “experienced hardship beginning March 13, 2020,” mean?

To be eligible for this program, the applicant must have experienced hardship due—directly or indirectly—to the COVID-19 pandemic beginning March 13, 2020, that threatens the household’s ability to pay the cost of rental property when due. The following situations demonstrate hardship:

- Applicant is at risk of exposure to COVID-19 due to overcrowding;
- Applicant is relying on credit cards or payday lenders to pay rent or utilities rather than using wages or other income;
- Applicant qualifies for unemployment benefits or has experienced a reduction in household income, incurred significant housing-related costs, or experienced a financial hardship due to COVID-19 related to housing;
- Applicant is unemployed at the time of application and has been for at least 90 days prior to applying;
- Applicant demonstrates a risk of experiencing homelessness or housing instability. Preference will be given to applicants whose income is less than 50% of the state median income or households with one or more individuals who have not been employed for at least 90 days preceding the date of application.

## FREQUENTLY ASKED QUESTIONS

### **Is this program for NVU tribal member households only?**

No, but at least one member of the household, at least 18 years of age, must be an enrolled member of a federally recognized Alaska Native or American Indian tribe. *An applicant who is not an enrolled member of the Native Village of Unalakleet must be residing in Unalakleet.*

### **Can tribal members who do not reside in Unalakleet apply?**

Yes. The Emergency Rental Assistance Program is available to all tribal members.

### **When is the application deadline?**

The deadline to apply is June 20, 2021.

### **Is this program available to homeowners to cover mortgage, utility, or heating fuel costs?**

No. Under the act, Emergency Rental Assistance may be provided only to eligible households that are obligated to pay rent on a residential unit. If you are a homeowner in need of assistance please contact the NVU Housing Department in regards to a related program for homeowners.

### **Do we need to list all of our household's income?**

Yes—because this program is income-based, the income of all household members over age 18 must be reported. Household income will be calculated based on either the household's total income for a calendar year, or the household's monthly income at the time of application. COVID-related stimulus money will not be included when calculating household income.

## REQUIRED DOCUMENTATION

- Completed application
- Income verification: ALL adults 18 years and older within the household must provide income documentation that includes but is not limited to:
  - Most recent three paystubs;
  - Bank statements;
  - IRS tax return for 2020 or most recent return;
  - Unemployment insurance benefits;
  - Dividend payments such as the Alaska PFD or a Native Corporation (not including COVID relief payments);
  - Senior, veteran, or pension benefits;
  - Social Security benefits or public assistance.
- State-issued or Tribal ID
- Proof of tribal enrollment
- Current rental lease agreement
- Past due and current utility bills, if requesting utility assistance

## EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Name: _____	
Current Mailing Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Email: _____	
Tribal Affiliation: _____	
Regional Corporation: _____	

**Please describe how your request for assistance is related to COVID-19:**

### FAMILY COMPOSITION

Full Name of Family Member	Relation to Head of Household	Date of Birth	Birthplace	Gender	Social Security Number	Occupation
1	<b>self</b>					
2						
3						
4						
5						
6						

### INCOME

Family Member Name	Source of Income (employment, unemployment, social security, pension, etc.)	Address of Employer	Rate		Hours Per Week
			\$_____/hour	\$_____/month	

## RENT AND UTILITY INFORMATION

The following information and documentation are required for rent to be provided through this program. **Payments will be made directly to your landlord.**

- Do you rent your home or apartment?  Yes  No
- Is this your primary place of residence?  Yes  No
- Do you live in public housing receiving rental vouchers?  Yes  No
- Are you past due on your rent?  Yes  No
- If yes, attach a copy of your past due unpaid notices from your landlord.
- Do you need assistance with past due, current, or future rent?  Yes  No

Landlord name:

Landlord phone number:

Landlord mailing address:

The following information and documentation are required for utilities to be provided through this program. **Payments will be made directly to your utility provider.**

- Do you pay for utilities separate from your rent?  Yes  No
- Are you past due on your utility bill?  Yes  No

\*If yes, attach a copy of your past due unpaid bills from your utility provider. *This can be obtained from your utility company.*

- Do you need assistance with past due, current, or future utilities?  Yes  No

Utility Provider:

Contact Number:

**OTHER RENTAL RELIEF:** Has your household received or do you anticipate receiving another source of public or private subsidy or assistance for the rental costs that is similar to this program such as AHFC's Rental Relief Program?  Yes  No

If yes, what is the name of the program? \_\_\_\_\_

**ATTESTATION:** To be eligible, you or members of your household must demonstrate risk of homelessness or housing instability due to the COVID-19 pandemic.

You, or a member of your household (please check all that apply):

- Qualified for unemployment benefits between March 13, 2020 – Present (do not need to be receiving benefits currently to qualify).
  
- Experienced ongoing unemployment due to the COVID-19 pandemic. Please describe and provide dates of unemployment:
  
- Reduced income due to the COVID-19 pandemic. Please describe:
  
- Significant increased housing-related costs related to the COVID-19 pandemic. Please describe:
  
- Other financial hardship due to the COVID-19 pandemic leading to homelessness or housing instability. Please describe:

By signing below, I 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 Nome Eskimo Community of any significant changes to my household income or financial status that would impact my eligibility for the 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, \_\_\_\_\_ authorize the Native Village of Unalakleet (NVU) to receive/release information from/to agencies and financial institutions to verify my/our application for participation in the Emergency Rental Assistance Program (ERA).

Information may also be obtained directly from financial institutions concerning information about income. I/we understand that income information obtained from these sources will be used solely to verify information that I/we provided in determining eligibility for the ERA, and will only apply to time periods relevant to the determination of ERA assistance.

Verification and or reports include but are not limited to records of: Bank Statements, State Public Assistance, Native Corporation Dividends, Permits Fund Dividend, Unemployment Compensation, Workers Compensation, Internal Revenue Service, Social Security, SSI.

I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my/our eligibility.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this Authorization is on file with NVU and will stay in effect for one (1) year from the date signed. I/We understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

Applicant 1

**First Name:**

**Last Name:**

**DOB:**

**SSN:**

Applicant 2

**First Name:**

**Last Name:**

**DOB:**

**SSN:**

**Phone Number(s):**

**Mailing Address:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_