



EMERGENCY RENTAL ASSISTANCE PROGRAM

GENERAL INFORMATION AND INSTRUCTIONS

ARE YOU AN ELIGIBLE LOW-INCOME FAMILY? (*Part 1 of Application*) The program is for families not exceeding 80% of area median income, with families at 50% or less of median given priority. We look at your income sources to make sure that you qualify for this federally funded program. Accuracy in describing your income (and the changes in your income) is essential.

HOW IS INCOME DETERMINED? Income is determined on an *annual or monthly basis*. Annual income looks at the past 12 months. Monthly income is based on at least 2 past months, and must be updated every 3 months while receiving assistance. If you cannot supply full documentation of your income, BBHA may accept a written attestation, but will require updates every 3 months during the program. To check if the cap of 80% percent of area median income, monthly income information is converted to a 12-month figure. Note: if you have a written determination from a local, state, or federal program that has determined that your income is at or below 80% of area median, made on or after January 1, 2020, BBHA may rely on that determination. This includes BBHA income recertifications that have occurred after January 1, 2020.

HAVE YOU SUFFERED A COVID IMPACT? (*Part 2 of Application*) The application requires the applicant to show that they or a member of their household has suffered unemployment or from other financial impacts from COVID-19, making the housing situation unstable or causing homelessness.

WHAT KIND OF RELIEF DO YOU NEED? The program covers rent and utilities and certain other housing costs. If you owe back rent or utilities, the period back to March 13, 2020 may be covered. Future rent and utilities may be covered. Provide documents to show what you owe and what you need to pay each month. Utilities includes electric, water, sewer, heating fuel, trash removal. "Other" expenses include moving costs, rental fees, late charges, and Internet tied to your home. Future costs are limited to 3 months ahead; you must update your application to apply for additional periods.

WHAT QUALIFIED AS RENT? We ask for a copy of your lease to show that you are a tenant. If you have an informal or unwritten lease that requires you to make monthly or weekly payments to stay in housing, we ask for written proof of rent payments. It does not matter how long you have lived in the rental. BBHA will not pay rent to landlords that is exorbitant, or above reasonable market rent rates.

LANDLORD/UTILITY COMPANY COOPERATION. Payments are not made to the renter. We will work with your landlord and utility providers to have them accept payments on your behalf.

I OWE RENT TO BBHA. CAN I APPLY? Yes. BBHA will provide rent relief on the same basis it provides benefits to other landlords and utility companies.

RECEIPT OF OTHER FORMS OF FEDERAL ASSISTANCE. Households who receive monthly federal subsidy (Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and whose rent is adjusted according to changes in income, are eligible for ERA but only for the tenant's portion of the rent. Call us at _____ if you have questions.

ACCOMMODATION: If you require accommodation to understand the program, documentation needed, or to understand this application, please call us at _____

WHAT YOU MUST PROVIDE:

- The completed ERA Application – Make sure all adults in the household have signed. Give us your best contact information so we can call you if needed.
- Attach your lease. If you do not have a written lease, write down what your informal lease requires. If you are living in BBHA properties, we already have your lease and you do not need to attach a copy.
- Income Tax Returns – (IRS 1040) Please provide tax returns for 2020 if filed, if not yet filed, provide W-2 and income statements for 2020. Tax returns for 2019 may be provided if returns for 2020 haven't been filed. Send returns for all adult household members. If no taxes were filed, provide a notarized explanation. That **form** is at the bottom of this page as an optional document for those who may need it.
- Authorization for the Release of Information – execute a release for each adult living in the home.
- Photo ID (copy)
- Copy of Tribal Enrollment Card – or proof you are an Alaska Native Claims Act voting shareholder or descendant of original ANCSA shareholder
- If no Tribal Enrollment - Provide a written statement from your tribe showing that your presence is essential to the Alaska Native community
- Award Letters – for Social Security, Disability, retirement, Public Assistance or Pension income, unemployment benefits. Award letters should reflect the amount you are currently receiving either by check or direct deposit in addition to any deductions. (Only if no tax copies are available)
- Latest pay stubs from income sources.
- W9 from rental agency, if applying for rental assistance.
- W9 from utility company, if applying for utility assistance.

******SAMPLE form of Notarized Statement****** *Local postmaster can notarize if no notary is available*

I, (insert full name), swear and affirm that:

I have not filed a 2020 tax return because: *_(applicant fills in reason)_*_____

I have not filed a 2019 tax return because: *_(applicant fills in reason)_*_____

These statements are true and correct to the best of my knowledge.

Date: _____ SAMPLE
Signature (print name above)

State of Alaska)
) ss.
Third Judicial District)

SUBSCRIBED and sworn to me this _____ day of _____, 2021

Notary Public in and for:
My commission expires:



me Application Received:

PO Box 50 Dillingham, AK 99576 (907) 842-5956 Toll free: 1-800-478-1996 fax: 907-842-2784

Emergency Rental Assistance Application

To avoid delay in determining eligibility or the amount of benefits available, fill-out each and provide all requested information and signatures.
Applicants are fully responsible for updating information in this application as and when changes occur.

APPLICANT NAME: _____ Gender _____ Ethnicity _____
 EMAIL ADDRESS: _____ Best Phone # _____
 MAILING ADDRESS: _____ ZIP: _____ Alt. Phone#: _____
 PHYSICAL ADDRESS: _____

I am an enrolled tribal member of the village/Tribe of: _____

Please complete if you are Alaska Native/American Indian and not tribally enrolled:

Name of Regional Corporation: _____ Shareholder _____ Descendent _____
 Name of Village Corporation: _____ Shareholder _____ Descendent _____

Essential Certification: I am not tribally enrolled and not a shareholder or descendant, but I attach a letter from the tribe stating my family is essential to the well-being of Alaska Native families in my community, and I hereby certify that my housing needs cannot be reasonably met without ERA assistance: ___yes ___no ___Initial Here

PART 1 - INCOME ELIGIBILITY

1. HOUSEHOLD COMPOSITION: List all persons who will reside in household in the next twelve (12) months.

#	NAME (Last, First Middle Initial)	Relationship to HOH	Marital Status	Birth Date	Social Security Number	Student Status	Tribe
Head		SELF					
Co-Head							
3							
4							
5							
6							
7							
8							
9							
10							

2. RELATIONSHIPS Are you or any household member an employee or Commissioner of BBHA or a family member or business partner of a BBHA Employee or Commissioner? ___yes ___no. If "yes", provide name of employee/commissioner: _____

Your answer to the above question only impacts how your application is processed, not your eligibility.

3. RENT COST. Provide **CURRENT LEASE** and **W9** for any landlord who is not BBHA

Street Address/Unit #: _____

Current Monthly Rent: _____ Any change in rent since 3/13/20? _____

Tot. Balance Due: _____ # of Months unpaid _____ Amt Due since 3/13/20: _____

4. UTILITIES AND OTHER COSTS

ALL utilities and other costs must be supported by documentation; sworn statement is not sufficient

Utility Type (insert name of company or provider)	Yes	No	Estimated Monthly Cost	Total Current Balance Due, # months of arrears	Balance since March 13, 2020, # of months
(Heat/Fuel)					
(Elect)					
(Water)					
(Sewer)					
(Trash)					
Home Energy Costs (must describe)					

*If applying for utility assistance, provide **W9** for each utility company. It is not necessary to identify utilities that are paid as part of your rent.*

OTHER COSTS:

Relocation expenses and/or rental fees due to COVID displacement \$ _____

Reasonable late fees if due to COVID: \$ _____ # of fees _____ Amt. after 3/13/20: _____

Internet provided to the rental unit: \$ _____

5. ARE YOU HOMELESS OR ABOUT TO BE HOMELESS? ___yes ___no

If yes, have you identified a place you can rent? (if so, describe location, landlord name, rental amount, utilities)

6. INCOME INFORMATION: List income detail for each person in your household. Include all wages, self-employment, public assistance, social security, SSI, disability, unemployment, retirement payments/pensions, interest, babysitting, child support,

alimony, annuities, dividends, APFD, Native corporation dividends or payments, trust payments, income from property, including rent and sales proceeds/installments, grants, student loans & grants, military pay/benefits, Armed Forces Reserves, and any gifts. Attach documents proving the income sources (copies of wage statements, fishing settlements, divorce or custody payment orders, other paperwork documenting income source, etc.)

Name of Family Member	Income Source	Amount	By Hr/Wk/Mo Yr/Qtr	Impacted by COVID? (y/n) Short description

Do all members of the household receive a PFD? _____ yes _____ no

If answer is no, explain who and why: _____

7. ASSET INFORMATION: Provide documentation of checking, savings, bonds, stocks, land, property, houses, boats, 4-wheelers, snowmachines, etc.

Family Member	Estimated Value
1)	\$
2)	\$
3)	\$

8. HAS ANYONE IN YOUR HOUSEHOLD BEEN UNEMPLOYED in the 90 days before this application, and is still unemployed at the time of this application? ___yes ___ no

(Member initials____) (if "yes," you may receive priority for application processing)

PART 2: COVID IMPACT / HOUSING INSTABILITY

Applicants must document that they have experienced a reduction in income, incurred significant costs, or experienced other financial hardship due to the COVID-19 outbreak, and are experiencing homelessness or housing instability.

9. Due directly or indirectly to COVID-19, applicant and/or the household members signing this application have (1) qualified for unemployment benefits, (2) experienced a reduction in income, incurred significant costs, or experienced other financial hardship, that threaten the household's ability to pay the costs of the rental property when due. CHECK ALL APPLICABLE REASONS.

Space is provided for details or explanation on the next page. Identify the affected household members with their initials.

- A. Member of household has qualified for unemployment benefits. (Member initials:____)
- B. A member of household has lost or reduced their employment due to child care or caring for a vulnerable person during the pandemic. (Member initials:____)
- C. Reduced hours or lay-off or furlough (Member initials:____)
- D. Reduced ability to receive earnings: such as loss of fishing, fish processing, seasonal work, craft sales, tourism related self-employment. (Member initials:____)
- E. Household is unable to cover all or some rent because of COVID-related financial impacts. Attach past-due rent notices or eviction notices, if any.
- F. Household is unable to cover all or some utilities because of COVID-related financial impacts. Attach utility notices or cut-off notices, if any.
- G. Currently relying on credit cards, payday lenders, other high-cost loans, or are depleting savings to pay rent/utilities (identify current indebtedness on credit cards accumulated since March 13, 2020: _____) (Member initials:____)
- H. Is delaying the purchase of essential goods/services to pay rent or utilities (e.g., food or prescriptions, childcare or transportation, equipment for remote work or school) (Member initials____)
- I. Applicant or household member has been evicted from or forced to move since March 13, 2020. (Member initials:____) *If yes, explain or give reason*_____
- J. The rental unit suffers from unsafe or unhealthy conditions, or there are other risks associated with the housing. This can include damages for which tenant or household members could be responsible for, due to overcrowded conditions due to COVID.
- K. Household member has experienced COVID-related Domestic Violence or police interactions that impact finances or housing. (Member initials:____)
- L. Household member is homeless or about to become homeless. (This may be because of nonpayment, past-due notices, unsafe or unhealthy living conditions, other evidence of risk determined to be serious as determined by BBHA). (Member initials:____)
*If yes, explain reason*_____

Other Potential Financial Impacts:

(do not include losses for which you have received tribal or other assistance, or losses that are not significant):

- M. Expenses due to daycare, school or educational closure
- N. Increased subsistence costs such as ammunition, gas, transportation expense
- O. Increase in utility costs
- P. Increase in rent due to COVID or forced to relocate

- Q. Funeral expenses, expenses associated with COVID illness or precautions
- R. Higher phone or Internet bill
- S. Increase in grocery costs
- T. Household expenses for additional household members
- U. Health and safety precautions, cleaning supplies
- V. OTHER (explain in space below)

ADDITIONAL EXPLANATION OR DETAILS OF COVID IMPACT _____

(MANDATORY) I affirm that I am experiencing homelessness, potential homelessness, or housing instability due to COVID for the reasons stated above. ___yes ___ no

10. PERSONAL CERTIFICATIONS & RELEASE OF INFORMATION

Certifications must be made and authorization for release must be provided for all adult household members.

10.1 CERTIFICATION UNDER PENALTY OF PERJURY

I hereby certify under penalty of perjury that all of the information contained in this document is true, correct and complete to the best of my knowledge, information and belief. I specifically attest that if I have identified receipt of unemployment benefits for myself, that such statements are true and correct, as well as all the income information I have provided. I certify and attest that the benefits I seek under ERA will not duplicate any other federally-funded rental assistance, that I have received or expect to receive in the future, and that I am only seeking amounts that I am actually required to pay (as tenant) without receiving assistance from any other source of federal funds. I understand that I can be disqualified for other BBHA programs and other housing programs if I give false or inaccurate information on this application and may be prosecuted for false statements under applicable law. I understand that BBHA will verify the information provided by me on this application.

