

ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590
Phone 951-760-7390 Fax 951-760-7394 www.amiha.org



U.S. DEPARTMENT of the TREASURY

EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM

The Emergency Rental Assistance Program provides financial assistance to eligible households for rent and utility cost payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

Eligible households may receive up to twelve (12) months of assistance (plus an additional three (3) months if necessary to ensure housing stability for the household, (subject to the availability of funds). Funding is available for past due rent and utilities but not prior to March 13, 2020. Program funding is available thru September 30, 2022, or until funds are spent.

Applications cover three (3) months of assistance. To receive additional assistance, you must reapply every three (3) months.

This program is only available to **rental households living on and off reservation** and does not apply to households with a mortgage or who currently own their home. ***Participants living in AMIHA managed homes are eligible for this program if the household meets all other program requirements.***

Emergency Rental Assistance funds cannot be applied to costs that have been or will be reimbursed under any other federal, state, or local assistance. **(Services may not be duplicated)**

Program Requirements:

- A household must be obligated to pay rent on a residential dwelling; and
- One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak; and
- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
- The household income is at or below **80% of area median income**

**REQUIRED DOCUMENTS NEEDED
FOR EACH FAMILY MEMBER 18 AND OVER**

Application	<input type="checkbox"/> Completed application, dated, and signed.
Proof of tribal Enrollment	<input type="checkbox"/> Valid tribal enrollment card, or current letter from the tribe
Valid ID	<input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Tribal ID <input type="checkbox"/> Passport
Renter/ Landlord	<input type="checkbox"/> Copy of current lease agreement <input type="checkbox"/> W-9 <input type="checkbox"/> Landlord agreement form <input type="checkbox"/> Late notice <input type="checkbox"/> Eviction Notice (if applicable)
Loss of Income Due to COVID-19	<input type="checkbox"/> Letter/Email from Employer <input type="checkbox"/> Documentation showing loss or reduction in household <input type="checkbox"/> Documents showing other loss of Income <input type="checkbox"/> Documents showing unsafe or unhealthy living condition unhealthy living conditions, DV/ Homelessness <input type="checkbox"/> Documents showing risk of housing instability <input type="checkbox"/> Received unemployment after 3/13/2020 <input type="checkbox"/> Medical cost (if applicable) <input type="checkbox"/> Self-quarantine cost (ex. Hotel stays) <input type="checkbox"/> Other expenses incurred <input type="checkbox"/> Other self-attestation
Tax Return from 2020 2021 household income if applicable Last 3 months of current income	<input type="checkbox"/> All 2020-2021 tax returns <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Social Security/SSI / Disability/Survivor /Workman's Compensation <input type="checkbox"/> Child Support <input type="checkbox"/> Unemployment Current/Denied <input type="checkbox"/> Other determination of household income at time of application
Utility bills Gas, Water, Sewer, Trash Electricity	<input type="checkbox"/> Copy of utility bill for each month current and pass due <input type="checkbox"/> Must match the address on the lease agreement. <input type="checkbox"/> Must show full name and account number
Home Energy Cost	<input type="checkbox"/> Internet
DV/ Homelessness	<input type="checkbox"/> Self-attestation / Other <input type="checkbox"/> Documents showing unsafe or unhealthy living condition unhealthy living conditions, DV/ Homelessness

For more information or questions please contact:
Susan Subish 951-595-5485 Ssubish@amiha.org
Roze Blanco 951-297-1332 Rblanco@amiha.org

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EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM APPLICATION

APPLICANT INFORMATION

Name Of Applicant: _____ Maiden Name: _____

Home Address: _____ City: _____ State: _____ Zip _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Email Address: _____ Phone Number: _____

Work Number: _____ Message Number: _____

Is Applicant a Tribal Member? Yes ___ No ___ Tribe _____ Enrollment# _____

Do You Live on An Indian Reservation? Yes ___ No ___ Residing Reservation _____

TENANT RENTAL OBLIGATION INFORMATION

Do You Rent or Own the Home in Which You Are Living? Rent ___ Own ___ Monthly Rent: _____

Have You or Any Member of Your Household Applied for Emergency Rental or Utility Assistance Through the State, Tribe, or any Other Source? Yes ___ No ___ If yes, attach verification.

Assistance received from	Months assistance was received

FAMILY COMPOSITION

Name (Include Applicant)	Relationship	Date Of Birth	Age	Disabled Yes or No
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				

HOUSEHOLD INCOME

Have you or any individual in your household receive unemployment benefits on or after March 13, 2020?
 Yes _____ No _____

List all household sources of income for each household member 18 and older. Applicant must submit current household's monthly income at the time of application.

Name	Source of Income (Include name of company/organization)	Monthly Gross Income	Annual Income
TOTAL			

Applicant must attach and submit all income documentation, such as check stubs from all jobs, EDD unemployment statement, or a copy of Form 1040 as filed with the IRS, if requesting payment for rent or utilities incurred in 2020.

FINANCIAL HARDSHIP

Have you or anyone living in your household experienced any of the following financial hardship due, directly, or indirectly, to the COVID-19 pandemic? (Check all that apply and attach supporting documentation for each hardship.)

- _____ A reduction in household Income
- _____ Loss of Employment / Temporary Layoff / Furlough
- _____ Reduction in hours / pay
- _____ Unable to work or experiencing financial hardship due to no childcare/school
- _____ Underlying medical condition requiring staying home to prevent exposure
- _____ Loss of self-employment/business income (income is reported on IRS form 1040)
- _____ Disabled and enduring increased costs because of the COVID-19 pandemic
- _____ Incurred significant costs (hospital bills, medication costs, etc.)
- _____ Other financial hardship; Please list

SELF-CERTIFICATION

I do hereby certify that my household composition is true and correct, and my household income represents income for every member of my household over the age of 18. I further acknowledge that falsification of information or any material falsehoods or omissions in my application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties.

I give consent/authorization to the All Mission Indian Housing Authority and its respective agents, and employees to share, disclose, analyze, and discuss all documentation and information provided within this application and in subsequent communications related to the Federal Emergency Rental Assistance Program.

Signature (Applicant)

Date

Signature (2nd adult)

Date

OFFICE USE ONLY

Date Received Application: _____ Date Application Completed: _____

- A household must be obligated to pay rent on a residential dwelling; and
- One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak; and
- One or more individuals within the household can demonstrate a risk of experiencing housing instability; and
- The household income is at or below *80% of area median income*

Approved: YES NO If no please explain: _____

Eligible Months: _____ Months used: _____ Months Available: _____

Number of Family Members _____ 30% 50% 80% ILD \$ _____ Adjust Income\$ _____

ERA Staff Signature: _____ Date: _____

ERA Supervisor Signature: _____ Date: _____

Referral Provided to Applicant: _____

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Emergency Rental Assistance Verification Release of Information

Applicant Name: _____ **Date of Birth:** _____

I hereby authorize All Mission Indian Housing Authority, Emergency Rental Assistance Program to request information regarding my financial and personal information to determine eligibility.

The requested information is held in strict confidence and is only used for establishing eligibility.

Applicant Signature: _____ **Date:** _____

*****THIS DOCUMENT IS VALID ONE YEAR FROM DATE ORIGINALLY SIGNED*****

-----**FOR OFFICIAL USE ONLY**-----

Please indicate if the applicant has received any of the following assistance through the _____ program:

(Circle one)

Rent /Utilities	Amount: _____	Month: _____
Rent /Utilities	Amount: _____	Month: _____
Rent /Utilities	Amount: _____	Month: _____

-
- ___ All taxable and non-taxable income
 - ___ Tribal enrollment
 - ___ Non-Member
 - ___ Welfare/TANF
 - ___ Child Support
 - ___ SSI
 - ___ EDD
 - ___ General Assistance
 - ___ Other _____

NOTES: _____

Authorized Signature: _____ Date: _____

Phone number: _____ Email: _____

Please email complete form to Susan Subish ssubish@amiha.org or Rozee Blanco rblanco@amhia.org You can also mail to the address above.

**Authorization for the Release of Information/
Privacy Act Notice**
to the US Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full Address, name of contact person, and date)

**All Mission Indian Housing Authority
27368 Via Industria, Ste 113
Temecula, Ca. 92590**

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U. S. Social Security Administration and the U. S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U. S. C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian Housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U. S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U. S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member 18 and over	Date
_____		Social Security No: _____	
Social Security Number of Head of Household			
_____	_____	_____	_____
Spouse	Date	Other Family Member 18 and over	Date
Social Security No: _____		Social Security No: _____	
_____	_____	_____	_____
Other Family Member 18 and over	Date	Other Family Member 18 and over	Date
Social Security No: _____		Social Security No: _____	

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U. S. Housing Act of 1937 (42 U. S. C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U. S. C. 2000d) , and by the Fair Housing Act (42 U. S. C. 3601-19). The Housing and Community Development Act of 1987 (42 U. S. C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the HA including all Social Security Numbers you, and all other household members age six year and older, have and use. Giving the Social Security Numbers of all household members six year of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be

Original is retained by the requesting organization

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LANDLORD AGREEMENT

APPLICANT INFORMATION (Must Be Completed by Applicant)

Name: _____

Physical Address: _____

Applicant Signature: _____ DATE: _____

I hereby authorize and request my landlord to furnish the AMIHA Emergency Rental Assistance program with information, pursuant to law, regarding funds received. I understand that AMIHA ERAP will maintain all information in the strict confidence.

LANDLORD INFORMATION (Must Be Completed by Landlord)

Name: _____ Address: _____

Property/Complex Name and Address: _____

Property Management Company: _____

Phone: _____ Email: _____

LANDLORD'S CONFIRMATION OF TENANT'S RENTAL OBLIGATION INFORMATION

Does the tenant have overdue rent charges? Yes No

1.If yes, past due rent charges: \$ _____ Months: _____

2.Past due fees: \$ _____ Months: _____

3.Regular Monthly Rent: \$ _____

***attach printout if necessary. Do you agree to accept payment from the AMIHA's Emergency Rental Assistance Program on behalf of the tenant? Yes No Submit completed W-9 (attached, **check will be made out to information shown on W-9 form**).By signing below, I agree as a condition of receiving the funds, not to evict tenants for nonpayment of rent for 30 to 90 days longer than the period covered by the rental assistance. I hereby certify that the information listed above is true and correct, and the tenant is at risk of eviction if these charges are not paid in full. I also certify that the tenant's overdue balance relates to charges obtained no earlier than **March 13, 2020**, the date of the emergency declaration pursuant to section 501(b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5191(b).

Landlord Print Name: _____

Landlord Signature: _____ Date: _____