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ALL MISSION INDIAN HOUSING AUTHORITY

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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 received	Amount received

FAMILY COMPOSITION:

Name (Include Applicant)	Relationship	Date Of Birth	Age	Disabled Yes or No	Social Security #
1.	Applicant				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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; such as, check stubs, EDD unemployment statement or a copy of Form 1040, if requesting payment for rent or utilities incurred in 2020.

Name	Source of Income (Include name of company/organization)	Monthly Gross Income.	Annual Income
1.			
2.			
3.			
4.			
5.			
TOTAL			

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

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 homelessness or housing instability**; and
- The household income is at or below **80% of area median income**

Approved: YES NO if no please explain: _____

Other ERA Agency #MO: _____ **AMIHA ERA #MO:** _____ **Total #MO:** _____

Area Median Income: _____

ERA Staff Signature: _____ **Date:** _____

ERA Supervisor Signature: _____ **Date:** _____

Referral Provided to Applicant: _____