

OFFICE USE:  
 Date Submitted: \_\_\_\_\_  
 B/T 30% & 50%: \_\_\_\_\_  
 B/T 50% and 80%: \_\_\_\_\_

# ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590  
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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.					

**Must provide a copy of a Social Security Card for every household member.**

**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
1.			
2.			
3.			
4.			
5.			
<b>TOTAL</b>			

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

**HOUSING INSTABILITY**

Have you or anyone in your household experienced or are experiencing or are at risk of experiencing homelessness or any housing instability due to COVID19? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide documentation, (rent notice/eviction notice, or documentation of any other evidence of risk)

Do you need assistance to pay Rent? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need assistance to pay Utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Past Due Rent Notice or Eviction Notice  
\_\_\_\_\_ Past Due Utilities  
\_\_\_\_\_ Unsafe or Unhealthy Living Conditions  
\_\_\_\_\_ Any other evidence of such risk

Please explain:

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**Please explain your inability to pay rent, and/or utilities due to the COVID19 outbreak:**

**ATTESTATION**

**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:** \_\_\_\_\_