

QUARTZ VALLEY INDIAN RESERVATION (QVIR) EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) APPLICATION

APPLICATION RECEIVED: Date: _____ Time: _____

[Check one box] First Application for assistance

Subsequent Application for additional 3 months of assistance.

APPLICANT – who is applying for services

Eligible Household

Utility company

Landlord

HOUSEHOLD COMPOSITION

Name of Applicant: _____ Enrollment #: _____

Mailing Address: _____

Physical Address: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Name(s) of Household Members:

_____	_____
_____	_____
_____	_____
_____	_____

Name of Tenant, if not the applicant: _____

Address of rental unit: _____

HOUSEHOLD INCOME

A household is eligible for assistance if its total income is equal to or less than 80% of median income in the county. The applicant is entitled to a priority if income is equal to or less than 50% of median income.

All members of the household over the age of 18 years of age must submit supporting documentation for income or submit a Zero Income Declaration.

What is the Total household income: \$ _____ annual \$ _____ monthly

Income Verification must be supported by 1 or the 2 following options

Is the income you report for the 2021 calendar year? Yes No

If yes, attach copies of documents substantiating amount, such as wage statement, interest statement, unemployment compensation statement, or Internal Revenue Service (IRS) Form 1040).

Is the income you report the household's monthly income at the time of application? Yes No.

If yes, attach copies of documents substantiating monthly household income for the two months prior to the month of application, such as wage statement, interest statement, unemployment compensation statement.

ELIGIBILITY AND PRIORITY OF APPLICATION

Is the household a tenant or homebuyer in housing administered by the Authority. Yes No.

Is the household eligible for housing administered by the Authority? Yes No.

Does the household contain one or more QVIR Tribal members? Yes No.

Do one or more household members qualify for unemployment insurance benefits? Yes No

If yes, name(s) of those members: _____

Attach copy of documents from Employment Development Department or other document confirming such qualification.

COVID-19 NEGATIVE ECONOMIC IMPACT DECLARATION

Has household income been reduced, household costs significantly increased or other financial hardship resulted due to COVID-19? Yes No

If yes, describe how COVID-19 has reduced household income, increased household costs, or caused other financial hardship:

(Attach additional sheets, if necessary)

Has the household received a written notice to pay or quit for nonpayment of rent or other notice of rental delinquency from the landlord? Yes No

If yes, attach copy of notice(s).

Has one or more household members been unemployed as of the date of application and for the 90-day period preceding such date? Yes No

If yes, name the household member(s): _____

Has one or more household members been unable to reach their place of employment or was their place of employment closed because of a public health order imposed as a direct result of COVID-19 public health emergency? Yes No.

If yes, name the household member(s) and explain:

Other than a threat of eviction is the household at risk of experiencing homelessness or housing instability?

Yes No

If yes, explain:

ASSISTANCE SOUGHT

RENT -Lease agreement/contract and W9 must be submitted to issue payment.

Rent Amount: \$ _____ Landlord/Property Owner: _____

Address for Payment: _____

Name on Lease: _____

Rental Property Address: _____

Back rent (Not more than 12 months)

Amount: \$ _____ Months Represented: _____

Ongoing rent – (not more than 3 months)

Amount: \$ _____ Months Represented: _____

Combination of Back rent and On-Going – Cannot exceed 15 months Total Asking: \$ _____

UTILITIES

ELECTRICITY - Current Bills/Invoices and W9 must be submitted to issue payment

Electricity Amount: \$ _____ Name of Vendor: _____

Address for Vendor: _____

Name on Account: _____

Address on Account: _____

Back Electricity (Not more than 12 months)

Amount: \$ _____ Months Represented: _____

Ongoing Electricity – (not more than 3 months)

Amount: \$ _____ Months Represented: _____

Combination of Back Electricity and On-Going – Cannot exceed 15 months

Total Asking: \$ _____

WATER/WASTEWATER (W/W) Current Bills/Invoices and W9 must be submitted to issue payment

W/W Amount: \$ _____ Name of Vendor: _____

Address for Vendor: _____

Name on Account: _____

Address on Account: _____

Back W/W (Not more than 12 months)

Amount: \$ _____ Months Represented: _____

Ongoing W/W – (not more than 3 months)

Amount: \$ _____ Months Represented: _____

Combination of Back W/W and On-Going – Cannot exceed 15 months Total Asking: \$ _____

HEATING - Current Bills/Invoices and W9 must be submitted to issue payment

Heating Amount: \$ _____ Name of Vendor: _____

Address for Vendor: _____

Name on Account: _____

Address on Account: _____

Back Heating (Not more than 12 months)

Amount: \$ _____ Months Represented: _____

Ongoing Heating – (not more than 3 months)

Amount: \$ _____ Months Represented: _____

Combination of Back Heating and On-Going – Cannot exceed 15 months Total Asking: \$ _____

TELECOMMUNICATION (TC) - Current Bills/Invoices and W9 must be submitted to issue payment

TC Amount: \$ _____ Name of Vendor: _____

Address for Vendor: _____

Name on Account: _____

Address on Account: _____

Back TC (Not more than 12 months)

Amount: \$ _____ Months Represented: _____

Ongoing TC – (not more than 3 months)

Amount: \$ _____ Months Represented: _____

Combination of Back TC and On-Going – Cannot exceed 15 months Total Asking: \$ _____

Requested Amount: **Rent:** \$ _____

Utilities: \$ _____

Total: \$ _____

DOES THIS APPLICATION SEEK A 3 MONTH EXTENSION TO 12 MONTHS OF ASSISTANCE ALREADY AWARDED TO THE HOUSEHOLD, SUBJECT TO THE AVAILABILITY OF EMERGENCY RENTAL ASSISTANCE FUNDING? Yes No

If yes, has there been any change to the answers you have provided in your initial application for assistance or in an application for any 3-month extension of assistance with the payment of on-going rent or utilities?

Yes No.

If you checked "Yes," please describe those changes:

IF APPLICATION FILED BY LANDLORD OR UTILITY PROVIDER:

The undersigned is submitting this application on behalf of the eligible household identified herein with the prior consent of the utility customer. The applicant is willing to accept payment of rent or utilities funded by Emergency Rental Assistance directly from the Authority. The information contained in this application was derived from the records of the landlord or utility and from the members of the applicant household. To the best of my knowledge and belief the information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I have provided the head of the household with a copy of this application.

Dated: _____
Applicant: _____
Name of Company _____
Address of Company _____
Company Phone: _____
Signature: _____

IF APPLICATION FILED BY HEAD OF HOUSEHOLD:

The undersigned is submitting this application as the head of and on behalf of the eligible household identified herein. To the best of my knowledge and belief the information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I understand that the Authority is relying on the information contained in this application. If any such information is untrue or misleading, the Authority can rescind the approval of the emergency rental assistance and recover from me and any other adult members of the household any funds provided in reliance upon this application.

[Check one of the two boxes below]

Attached hereto is written consent from the utility or utility companies and/or my landlord to receive payment directly from the Authority.

The utility or landlord to which payment of emergency rental assistance will be made was not willing to provide written consent to receive payments directly from the Authority. I understand and agree that I must provide written evidence acceptable to the Authority that funds disbursed were received and accepted by the utility or landlord before any additional funds are released to me to make subsequent payments.

Dated: _____

Signature: _____

Print or Type name: _____

Please submit your application using one of the following options:

Email your application to: Finance@qvir-nsn.gov; frieda.bennett@qvir-nsn.gov; or tara.quinn@qvir-nsn.gov

Mail to QVIR Rental Assistance, 13601 Quartz Valley Road, Fort Jones, CA 96032

Fax to 530-468-5908

Please allow up to 3-4 weeks for application to be fully processed by QVIR staff; this does not include mailing time.

Office Only –

Date Received by ERAP Staff: _____ Initials: _____