

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
Happy Camp, CA 96039
Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street
Yreka, CA 96097
Ph: (530) 842-1644 • Fax: (530) 842-1646

KARUK TRIBE HOUSING AUTHORITY COVID-19 Emergency Rental Assistance Program (ERAP)

Application Checklist

Please review your application to make sure that contains the following information:

For all Applicants:

- Copy of Driver's License or Tribal Identification Card.
- Proof of Enrollment with the Karuk Tribe for each Tribal Member and/or Descendant
- Income Verification for each member 18 or older.
 - Annual: a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020;
 - or
 - Monthly: documentation for all income received in the last 60 days (2 months).
- Signed Zero Income Certification Form(s) (if applicable to adult household member(s)).
- Signed Applicant Attestation of Economic Hardship.
- Signed Authorization for Release of Information.

Submit the following documentation (as applicable):

- Documentation of each household member's qualification for unemployment benefits.
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours.
- Other documents showing a reduction in household Income.
- Documents showing loss of self-employment/business income.
- Documents showing other financial hardship.
- Copy of lease or rental agreement showing required rental payments or deposits.
- Documents showing Rent Arrears and interest/penalties accrued or eviction notice.
- Copy of utility bill(s).
- Documents showing Utility Costs Arrears and interest/penalties accrued.
- Documents showing other expenses related to COVID-19 for which payments are due.
- Documents showing unsafe or unhealthy living conditions.
- Any other evidence of risk of housing instability.

Eligibility for this Program is Income Based, total household income must be at or below 80% of the Individual Income Limits for your local County of Residence which are available at <https://www.huduser.gov/portal/datasets/il.html>

Contact Information: Karuk Tribe Housing Authority, PO Box 1159, Happy Camp, CA 96039
Phone: (530) 842-1644 Ext. 7003
Fax: (530) 842-1646
Email: ERAP@karuk.us



FOR OFFICIAL USE

Date Received: _____
 Method of Receipt: _____
 Received by: _____

**KARUK TRIBE HOUSING AUTHORITY
 COVID-19**

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

Applicant Information

Applicant Name: _____ Date: _____

Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ County: _____ Phone: _____

Physical Address: _____ City: _____ State: _____

Zip: _____ County: _____ Email: _____

General Information

1. Have you or a member of your household applied for a COVID-19 Emergency Rental Assistance Program from any other Tribe or agency?
 Yes No
 a. If yes, from what agency: _____
2. Is a member of your household an Enrolled Member or Descendant of the Karuk Tribe?
 Yes No
 a. If yes, attach proof of membership for each household member.
 b. NOTE: Only Enrolled Members and Descendants of the Karuk Tribe are eligible.
3. Do you currently pay to rent the dwelling unit in which you are living (this includes an apartment, a house, a room in a house or apartment (not with immediate family), or longer-term hotel/motel stay [one week or more])
 Yes No
 a. NOTE: Only Renters are eligible for this program.

Household Member Information

Name	Date of Birth	Last 4 of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Income Verification

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household for 2020: \$ _____
 - a. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ _____
 - a. Applicant must submit sufficient confirmation of the household's monthly income at the time of application for at least the two months prior to the submission of this application.

Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? Yes No
 - a. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.
2. Have one or more individuals in your household experienced any of the following financial hardship due directly, or indirectly to the COVID-19 pandemic? (check all that apply)
 - A reduction in household Income.
 - Loss of Employment/Temporary Layoff/or Furlough.
 - Reduction in hours/pay.
 - Unable to work or experiencing financial hardship due to no child care/school.
 - Underlying medical condition requiring staying home to prevent exposure.
 - Loss of self-employment/business income.
 - Increased Utility Costs.
 - Other financial hardship; list: _____
 - a. If you checked any of the boxes above, attach supporting documentation for each hardship, if any is available. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing increase in utility costs incurred, etc.).

Housing Instability

1. Does one or more individual in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
 - A past due utility or rent notice or eviction notice.
 - Unsafe or unhealthy living conditions.
 - Any other evidence of such risk.
 - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability, if any is available (e.g. past due utility or rent notice, eviction notice, or other evidence of risk).

b. If you checked any of the boxes above, please describe the details of your housing instability:

Additional Requirements

1. Applicants must sign a release of information form allowing the Karuk Tribe Housing Authority to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
2. If applicants seek Financial Assistance under the ERA Program for additional periods, they will be required to re-submit information and documentation for the rent and utility costs for which they seek assistance.

Financial Assistance

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs 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.

“**Financial Assistance**” means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

“**Rent**” is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

“**Utility Costs**” means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services – those “Other Housing Costs”).

A. Rent Arrears and Utility Costs Arrears¹

Do you have any Rent Arrears or Utility Costs Arrears? (check all that apply)

If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)

Rent Arrears (*Rent payments in arrears*):

Total amount in Arrears \$ _____

Landlord Name: _____

Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Rent Arrears and Utility Costs Arrears:

Only includes Rent Arrears and Utility Costs Arrears **incurred on or after March 13, 2020.**

Arrears includes: interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.

Arrears does not include: interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

¹ **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, the Karuk Tribe Housing Authority will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

- Utility Costs Arrears** (*Utility Cost payments in arrears*): Total amount in Arrears \$ _____
1. **Type of Utility:** _____ Amount \$ _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
 2. **Type of Utility:** _____ Amount \$ _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
 3. **Type of Utility:** _____ Amount \$ _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
 4. **Type of Utility:** _____ Amount \$ _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____

B. Current Rent and Current Utility Costs

Do you expect to be unable to pay your Current Rent or Current Utility Costs payment, or required Deposit to obtain rental housing?(check all that apply)

If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment, if available (rental lease, documents showing rent or utility costs due, etc.)

- Current Rent Payment due:** (*Rent payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

- Current Utility Costs Payments due**

(Utility Costs that are currently due and owing but not yet in arrears):

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
2. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
3. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____

- State: _____ Zip: _____
4. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
5. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____

C. Prospective Rent and Prospective Utility Costs

Do you expect to be unable to pay your Prospective Rent or Prospective Utility Costs payments? (check all that apply)

If you check any of the boxes below, attach supporting documentation for each prospective payment if available (rental lease, documents showing rent or utility costs due, etc.)

- Prospective Rent Payments due** (*Rent payments expected to be owed*):

Amount Due: \$ _____
 Date Due: _____
 Landlord Name: _____ Phone Number: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____ Email: _____

- Prospective Utility Costs Payments due** (*Utility Costs payments expected to be owed*):

1. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
2. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
3. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
4. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____
5. **Type of Utility:** _____ Amount \$ _____ Due Date _____
 Utility Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____

- Current Deposit Payment due** (*Deposit payment for rental housing that is due and owing as a condition of obtaining rental housing*):

Amount Due: \$ _____

Date Due: _____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

D. Other Housing Expenses

Do you expect to be unable to pay any other Housing Expenses? (check all that apply)
(Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury, including Internet / Telecommunications. **Maintenance costs are not included in this definition.**)

If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)

- Expense Type: _____ **Payment due:** _____

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

- Expense Type: _____ **Payment due:** _____

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

- Expense Type: _____ **Payment due:** _____

Amount Due: \$ _____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Applicant Acknowledgements and Attestation

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

By my signature below, *I hereby certify and attest* that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify the Karuk Tribe Housing Authority of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if the Karuk Tribe Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Application Received by Karuk Tribe Housing Authority:

STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: Yes No Reason: _____

Denial Communicated: _____ Staff Signature: _____



**KARUK TRIBE HOUSING AUTHORITY
COVID-19
EMERGENCY RENTAL ASSISTANCE PROGRAM**

Applicant Attestation of Economic Hardship

In order for Financial Assistance to be provided under the ERA Program, this Attestation of Economic Hardship must be completed and signed/dated by the applicant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship, **due directly, or indirectly, to the COVID-19 pandemic.**

I agree to notify the Karuk Tribe Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the ERA Program.

By my signature below, ***I certify and attest*** that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature

Date



KARUK TRIBE HOUSING AUTHORITY
COVID-19
EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Authorization for Release of Information

I, _____ [print name] (“Applicant”) am applying for certain housing assistance services from the **Karuk Tribe Housing Authority (KTHA)**.

As part of my application for services, I am required to provide background information for **KTHA’s** confidential use, to determine my eligibility, and provide aid.

I hereby authorize the release of any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to:

Karuk Tribe Housing Authority: PO Box 1159, Happy Camp, CA 96039
Phone: (530) 842-1644, Extension 7003
Fax: (530) 842-1646
Email: ERAP@karuk.us

A photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me, and my household, that is in your possession to the **Karuk Tribe Housing Authority**.

This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Thank you; your prompt reply will help in processing my application.

Applicant Signature

Date



Month: _____

**KARUK TRIBE HOUSING AUTHORITY
CERTIFICATION OF ZERO INCOME**

(To be completed by adult household members who are claiming zero income from any source, if appropriate)

I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, selling jewelry, child care, etc.);
- j. Any other source not named above.

List the name and address of person, or source (program), that provide for the following:

- a. Rent: _____
- b. Fuel (heating propane/fire wood, etc.): _____
- c. Food: _____
- d. Utilities (power, water, phone, cell phone, etc.): _____
- e. Medical: _____
- f. Transportation (fuel, registration, insurance, etc.): _____
- g. Clothing: _____

2. Choose one:

- Currently, I have no income of any kind and, while I am seeking employment, there is no definite job offer at this time.
- Currently, I have no income of any kind and I will not be seeking employment at this time.

Under penalty of perjury, ***I certify and attest***, that the information presented in this certification is true and accurate to the best of my knowledge. I further acknowledge that the information provided is subject to verification and that falsification of this information shall be grounds for my termination from any program, in which I participate, and that I may be subject to prosecution under law. I further give my permission for the Karuk Tribe Housing Authority to verify the above statements with Public Assistance, Unemployment, or other service agencies.

Print Name

Applicant Signature

Date