Emergency Rental Assistance Program (ERAP)

The Emergency Rental Assistance Program (ERAP) provides financial assistance to HOUSEHOLDS that are renting and have a lease for a residential dwelling, for upto 12 months of Rent Arrearages and Utilities ***(nothing prior to March 13, 2020)***

Who is Eligible to receive assistance through the ERA Program?

Applicants must be located within the CHA's NAHASDA Service Area, *EXCEPT for LDF Tribal Members.*

****LDF Tribal Members can receive services from ANY STATE*

a.) If ONE or more individuals within the HOUSEHOLD has qualified for unemployment benefits.
-OR-

b.) Experienced a reduction in HOUSEHOLD income (reduced hours or loss of employment)
-OR-

c.) If ONE or more individuals within the HOUSEHOLD can demonstrate a risk of experiencing homelessness or housing instability (eviction notice, past due electricity/heating bill) **AND**
The HOUSHOLD has a HOUSEHOLD INCOME at or below 8-% of the Area Median (see table below)

# of ppl	1	2	3	4	5	6	7	8
Low-Income or 80% AMI	$44,950	$51,400	$57,800	$64,250	$69,400	$74,500	$79,650	$84,800

Applicants MUST complete, sign, date and submit the following to accept applications:

- ERAP Application, ERAP Financial Assistance Form, Authorization for Release of Information & the Certification of Economic Hardship
- all BILLS for which you are requesting assistance for
  - if you have past due amounts, your bill must be a "Billing Statement" per funding req., CHA cannot pay for any past amount accumulated before March 13th, 2020
  - if you rent from LDF-CHA, you do not have to submit a copy of you lease or Billing Statement
- Proof of LDF Tribal Membership – note that you are such on your application, no proof needing to be attached, we are able to verify such.

Applications can be found at the LDF Chippewa Housing Authority, located outside of the service window.

Complete applications may be dropped off, emailed to Processing@ldfcha.org or mailed to LDF CHA atten: PROCESSING PO Box 187, Lac du Flambeau, WI 54538

Thank You!

Lac du Flambeau

Chippewa Housing Authority

554 Chicog Street • PO Box 187 • Lac du Flambeau, WI
phone: (715) 588-3348 • fax: (715) 588-7935
www.ldfcha.org

AUTHORIZATION FOR RELEASE OF INFORMATION

(This Authorization is effective for ***12 months*** from the date of signature)

PURPOSE: The Lac du Flambeau Chippewa Housing Authority may use this AUTHORIZATION and the information obtained with it to administer and enforce Tribal and Federally subsidized Housing and or Emergency Financial Assistance Program Rules and or Policies.

PROGRAMS COVERED:

1. Rental Housing (NAHASDA, Rural Development 515, Tax Credit, etc.)
2. Home Ownership Programs (Lease, Purchase)
3. Financial Assistance Programs (U.S. Department of the Treasury, other Federal, State, Local, Tribal Dept.)

AUTHORIZATION: I, authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any of the above-named programs. Additionally, I authorize the Lac du Flambeau Chippewa Housing Authority to obtain information about me or my family that is pertinent to eligibility for participation in any of the above-named programs.

INFORMATION COVERED: Inquiries may be made and information provided on the following;

- o Public Assistance (TANF, GA)
- o Credit History
- o Medical Expenses
- o Social Security Numbers
- o Residents Rental History
- o Loan Paperwork (all types)
- o G.A.P. Payments
- o Criminal Activity
- o Identify Marital Status
- o Child Care Payments
- o Unemployment Compensation
- o Mortgage Loan Approvals
- o Federal, State, Tribal or Local Benefits
- o Family Composition
- o Employment, Pensions & Assets
- o Handicapped Assistance Expenses
- o Wages, Earnings
- o Foreclosure Notices (on Loans)
- o Delinquency Notices (Loans, Rent, Utilities, etc.)

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION: local, state, federal, governmental depts, but not limited to;

- * Financial Institutions
- * Credit Bureaus
- * Landlords (former & present)
- * U.S. Social Security Administration
- * Utility Companies
- * Bureau of Indian Affairs
- * LDF Wellness Court
- * Tribal/County/State or Federal Dept/ Courts
- * Welfare Agencies
- * Law Enforcement Agencies
- * Employers (former & present)
- * Schools & Colleges
- * U.S. Dept of Vet Affairs
- * U.S. Dept. of HUD
- * U.S. Dept of A.G. & Rural Dev.
- * Federally Recognized Tribes (Administrational & Depts)

PROVIDERS OF:

- * Alimony
- * Child Care
- * Credit
- * Child Support
- * Medical Care
- * Handicapped Assistance
- * Pensions

CONDITIONS: I, agree that photocopies of this authorization may be used for the purpose stated above. I, also understand that if I do not sign this authorization for the release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

_____	_____	____/____/____	_____
(Head of Household Signature)	(Print Name)	(Social Sec. Number)	(Date)
_____	_____	____/____/____	_____
(Spouse/Significant Other Signature)	(Print Name)	(Social Sec. Number)	(Date)
_____	_____	____/____/____	_____
(OTHER Household Member Signature)	(Print Name)	(Social Sec. Number)	(Date)
_____	_____	____/____/____	_____
(OTHER Household Member Signature)	(Print Name)	(Social Sec. Number)	(Date)

Lac du Flambeau Chippewa Housing Authority

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Certification of Economic Hardship

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

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 Lac du Flambeau Chippewa 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 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

_____

Date

FOR OFFICIAL USE
Date Submitted:_____
Time Submitted: _____
Received by: _____
Application #: _____

LAC DU FLAMBEAU CHIPPEWA 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: Phone:

Physical Address: City: State:

Zip: Email:

General Information

1. Are you or is a member of your household a member of an Indian tribe? ☐ Yes ☐ No
   a. If yes, attach proof of membership of an Indian Tribe for each household member
2. Do you rent the home in which you are living? ☐ Yes ☐ No

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

Income Verification

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

1. **Annual income** of household: $_____
   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
   - ☐ Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
   - ☐ Disabled and enduring increased costs because of the COVID-19 pandemic
   - ☐ Incurred significant costs (hospital bills, medication costs, etc)
   - ☐ Other financial hardship; list: _____

   a. If you checked any of the boxes above, attach supporting documentation for each hardship. (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 significant costs incurred, etc.)

Housing Instability

1. Does one or more individuals 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 (e.g. past due utility or rent notice or eviction notice, or documentation of any 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 Lac du Flambeau Chippewa Housing Authority to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.

2. For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance.

Applicant Acknowledgements

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 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 Lac du Flambeau Chippewa 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 for civil or criminal prosecution if Lac du Flambeau Chippewa Housing Authority determines it is appropriate to do so.

_____ _____

APPLICANT SIGNATURE DATE

If a landlord or owner of a residential dwelling submits this application on behalf of the Applicant:
I, _____, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

_____ _____

LANDLORD SIGNATURE DATE

Application Received by Lac du Flambeau Chippewa Housing Authority:

_____ _____

STAFF MEMBER SIGNATURE DATE

OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No Reason: _____

Denial Communicated: _____ Staff Signature: _____

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

Lac du Flambeau Chippewa Housing Authority

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Financial Assistance Form

Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program.

Applicant Information

Applicant Name: Date:

Date of Birth: Tribal Enrollment No.: SSN:

Physical Address: City: State:

Zip: Phone:

Mailing Address: City: State:

Zip: Email:

1. Do you currently rent the home in which you are living? ☐ Yes ☐ No
   a. If yes, attach and submit your current rental lease.

Current Landlord Name: _____

Contact Phone: _____ Email: _____

2. What is the total amount of rent that you pay each month? $_____

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).

A. Rent Arrears and Utility Costs Arrears[1]

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 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.

☐ **Rent Arrears** (*Rent payments in arrears*):
Total amount in Arrears $_____

Landlord Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

☐ **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: _____
5. **Type of Utility**:_____ Amount $ _____
   Utility Provider: _____ Phone Number: _____
   Billing Address: _____City: _____

[1] **Arrears Payments**: If any Applicant has any Rent Arrears or Utility Costs Arrears, Lac du Flambeau Chippewa Housing Authority will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

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 (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 (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? *(Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury. Maintenance costs are not included in this definition.)*

(check all that apply)

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

☐ _____ **Payment** due:

Amount Due: $_____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

☐ _____ **Payment** due:

Amount Due: $_____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

☐ _____ **Payment** due:

Amount Due: $_____

Date Due: _____

Provider: _____ Phone Number: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

By my signature below, I hereby certify 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 Lac du Flambeau Chippewa 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 Lac du Flambeau Chippewa Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE _____ DATE _____

If a landlord or owner of a residential dwelling submits this Form on behalf of the Applicant:
I, _____, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

LANDLORD SIGNATURE _____ DATE _____

Form Received by Lac du Flambeau Housing Authority:

STAFF MEMBER SIGNATURE _____ DATE _____

OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No Reason: _____

Denial Communicated: _____ Staff Signature: _____