



6406 Marine Drive, Tulalip, WA 98271
(360) 716-4000

FOR OFFICIAL USE

Date Submitted: _____

Time Submitted: _____

Received by: _____

Application #: _____

Tulalip Tribes Emergency Rental Assistance Program (TERAP) 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 Tulalip Tribes Emergency Rental Assistance Program (TERAP). Submit form via email to caresact@tulaliptribes-nsn.gov or in-person at the Administration Building, 6406 Marine Drive, Tulalip.

APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Date of Birth: _____ T- Number: _____ SSN: _____

Physical Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

HOUSEHOLD COMPOSITION: List the Head of Household and ALL persons living in the home.

First Name	Last Name	Relationship	Birth Date	Tribal ID	Last 4 Digital SSN

Do you currently rent the home in which you are living? Yes No

If yes, attach and submit your current rental lease. **Lease must be current and signed by both landlord and tenant.**

Current Landlord Name: _____	
Contact Phone: _____	Email: _____

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).

Provide lease or utility bill to prove your residence.

Provide lease or rent payment receipts as proof of how much rent you owe. If you can’t provide these documents we will reach out to your landlord to confirm your residence and how much you owe.

Future Rent. My household rent for the next three months is:

Month: _____ Rent \$ _____

Month: _____ Rent \$ _____

Month: _____ Rent \$ _____

Payment Request. I am seeking payment for the amounts past due and the next three months of rent. I understand that I can apply for future 2021 rent payments, subject to program limits.

State or Federal Rental Assistance. No other governmental rental assistance will pay or has paid the above past due rent and future rent.

Household Income. Please provide your 2020 annual household income OR your current monthly household income.

2020 Annual Income Option	Current Monthly Income Option
<p>My household's annual income for 2020 was \$ _____</p> <p><input type="checkbox"/> Submit 2020 IRS Form 1040s for all household members 18 years or older OR</p> <p><input type="checkbox"/> Submit wage statements, pay stubs, IRS Form W-2, IRS Form 1099 and Schedule C if self-employed, interest statements, Form 1099 G or benefit statements from if unemployed, and other income proof for all household members 18 years or older</p> <p><input type="checkbox"/> Submit eligibility determination letter from government agency dated January 1, 2020 or later (such as TANF, HEAP, or SNAP)</p>	<p>My household's monthly income as of the application date is \$ _____</p> <p><input type="checkbox"/> Submit last month's wage statements, pay stubs, interest statements, unemployment benefit statements, and other income proof for all household members 18 years or older</p>

If you qualify using the 2020 Annual Income Option and need help from this program later you will not need to provide this information again. Use an IRS 1040 to verify your income if possible, this can be used for the life of the program. If you use another source, income will have to be verified every 3 months.

If you qualify using the Current Monthly Income Option and need help from this program later you will need to provide your monthly household income again.

Financial Hardship. You must answer "Yes" to at least one of the questions in this section to be eligible. Please answer each question.

One or more people in my household qualified for unemployment benefits after March 13, 2020.

Yes No

If yes: Has anyone in your household been unemployed for 90 days before and including the application date?

Yes No

One or more people in my household had their income reduced because of the pandemic.

Explain: _____

One or more people in my household has had big extra expenses (medical or Internet expenses, for example) because of the pandemic.

Explain: _____

One or more people in my household have had problems with money because of the pandemic.

Explain: _____

Risk for homelessness or housing instability. You must answer yes to at least one of the questions in this section to be eligible. One or more people in my household can show a homelessness or housing instability risk based on:

Past due utility or rent notice or eviction notice. Yes No

Unsafe or unhealthy living conditions (such as overcrowding or personal safety). Yes No

Explain: _____

Other issues Yes No

Explain: _____

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 Tulalip Tribes 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 Tulalip Tribes determines it is appropriate to do so.

Applicant Signature

Date

Form Received by the Tulalip Tribes:

Staff Member Signature

Date

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Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____
Denial Communicated: _____	Staff Signature: _____



Tulalip Tribes

Consent for Release of Information (ROI)

Client Name

_____/_____/_____
Client Date of Birth

I hereby authorize the exchange of confidential information specified below between:

INFORMATION TO BE RELEASED FROM:

— Tulalip Housing Department

INFORMATION TO BE RELEASED TO:

— Any Tulalip Tribal Department with
COVID-19 services

I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, part 164).

I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Print Name

Signature

_____/_____/_____
Today's Date

This authorization will expire 1 year from the date entered here _____. If no date is entered, release will automatically expire in 6 months of the date signed.

Notice of Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

TEMPORARY EMERGENCY RENTAL AND UTILITY ASSISTANCE PROGRAM FORM CHECKLIST

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

- ☐ Current rental lease
- ☐ Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- ☐ Utility bills showing Current Utility Costs due
- ☐ Documents showing other expenses related to COVID-19 for which payments are due
- ☐ Lease (signed by landlord and tenant)
- ☐ Tribal Identification/Federal ID
- ☐ W-9 for Landlord or utilities company, if they haven't received payment from the Tulalip Tribes.
- ☐ Submit form via email to caresact@tulaliptribes-nsn.gov or in-person at the Admin Building, 6406 Marine Drive, Tulalip