



Tulalip Tribes Emergency Rental Assistance Program (TERAP) Application 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.

Submit this form via email to caresact@tulaliptribes-nsn.gov or in-person at 6406 Marine Dr., Tulalip, WA 98271.

STAFF USE ONLY

Date Submitted:

Time Submitted:

Received By:

APPLICANT INFORMATION

New Applicant (first time applying) or **Recertification** (re-applying)

Date	Applicant Name		
Date of Birth	Tribal Number	Social Security Number	
Physical Address		Telephone	
		Email Address	

HOUSEHOLD COMPOSITION

List the head of household and ALL persons living in the home.

1	Full Name			Relationship to Applicant Head of Household
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

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HOUSEHOLD COMPOSITION (CONTINUED)

5	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

6	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

7	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

8	Full Name			Relationship to Applicant
	Date of Birth	Tribal Number	Social Security Number (last 4 digits)	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

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 Telephone
Contact Email Address	Total Rent Paid 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:

Next Month Rent Amount	2nd Month Rent Amount	3rd Month Rent Amount
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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 2022 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 or 2021 annual household income OR your current monthly household income.

2020 OR 2021 ANNUAL INCOME OPTION

This option can be used for the full duration of assistance.

My household's annual income for 2020 or 2021

CURRENT MONTHLY INCOME OPTION

For this option, you must submit updated, most recent statements each time you apply.

My household's monthly income as of the application date

- Submit 2020 or 2021 IRS Form 1040 for all household members 18 years or older
 - or, submit wage statements, pay stubs, IRS Form W-2, IRS Form 1099 and Schedule C if self-employed, interest statements, Form 1099G or unemployed benefit statements, and other income proof for all household members 18 years or older
- Submit eligibility determination letter from government agency dated January 1, 2020 or later (such as TANF, HEAP, or SNAP)

- 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

*If you qualify using the **2020 or 2021 Annual Income Option** and need help from this program later you will not need to provide this information again. Use an IRS Form 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

Answer **ALL** questions in this section:

One or more people in my household qualify 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. Yes No

If "Yes", explain:

One or more people in my household has had large extra expenses (medical or Internet expenses, for example) because of the pandemic. Yes No

If "Yes", explain:

One or more people in my household have had problems with money because of the pandemic Yes No

If "Yes", explain:

Risk for Homelessness or Housing Instability

Answer **ALL** questions in this section:

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
If "Yes", notice: we need each month's individual bills to process the full balance.

Unsafe or unhealthy living conditions (such as overcrowding or personal safety) Yes No
If "Yes", explain:

Other issues Yes No
If "Yes", explain:

APPLICANT ACKNOWLEDGEMENTS

Do you currently or have ever received rental voucher assistance? Yes No
If "Yes", please provide copy of award letter and agreement from Tulalip Housing Department.

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 here:

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 Name	Applicant Signature X	Signature Date
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STAFF USE ONLY

Form Received By (Staff Name)	Staff Signature	Signature Date
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Application Approved Yes No
If "No", reason:

Denial Communicated Date	Staff Signature	Signature Date
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Consent for Release of Information (ROI) Form

Client Name	Client Date of Birth
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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 Tribes 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.

Client Name	Client Signature X	Signature Date
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**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 his purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Applicant Certification of Economic Hardship

In order for financial assistance to be provided under the Tulalip Tribes Emergency Rental Assistance Program (TERAP), 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 Tulalip Tribes 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 Signature	Signature Date
X	

STAFF USE ONLY
Date Submitted:
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Zero Income Statement

Do you currently receive any income outside of General Welfare? Yes No

If No, please complete and sign below.

Date	Name (person with zero income)	Address
SSN Last 4 Digits	Telephone Number	

This statement is to certify that I am not receiving income from any source whatsoever.

I am not employed through any private or public employer.

I am not receiving unemployment compensation benefits.

I am not receiving Social Security benefits or any type of annuity benefits.

I am not receiving Temporary Disability Assistance Payments for Adults (TDAP), Temporary Cash Assistance (TCA), Pension or Veterans benefits.

I am not receiving income from any source.

I am on leave without pay—if true, please check here:

I understand that I must report any change in income status.

Money or compensation received from friends, relatives, etc., is income and must be reported. Obtain notarized statement from provider of amount received.

By my signature below, I hereby certify that all of the foregoing information 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 income, 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.

This form must be SIGNED in order to be deemed valid.

Signature X	Signature Date
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Rental and Utilities Assistance Program Checklist

PLEASE REVIEW YOUR APPLICATION TO MAKE SURE THAT IT CONTAINS ALL OF THE FOLLOWING INFORMATION:

- Complete APPLICATION FORM (all 4 pages must be filled and signed)
- Signed CONSENT FOR RELEASE OF INFORMATION (ROI) FORM
- Signed CERTIFICATION OF ECONOMIC HARDSHIP
- Signed ZERO INCOME STATEMENT
- Copy of ID cards
 - Tribal (**required** if you are an enrolled member of a tribe) or Certificate of Indian Blood
 - State (if non-Native)
 - Badge (if employee of Tulalip Tribes)
- Document for income verification
 - 1040
 - W-2
 - Two months' worth of paystubs (**full** paystubs)
 - Unemployment award letter
 - Zero income (if you are currently unemployed or only received General Welfare)
- Proof of risk of homelessness
 - Past due utility or rent notice
 - Unsafe or unhealthy living conditions
 - Housing costs burden (rent = 40% or more of monthly income)
 - Household relying on credit cards or depleting savings account in order to pay rent or utilities
 - Low balance from bank accounts
 - Unemployment
 - Past due credit card statements, loans (car, home, personal)
 - Unsafe or unhealthy living conditions (such as overcrowding, informal agreement)
- Current **fully signed** rental agreement (lease)
- W-9 (to be completed and signed by landlord/leasing office/utility company) email form to **caresact@tulaliptribes-nsn.gov**
- Documentation showing rent arrears (balance of dues owed to leasing office or landlord)
 - Ledger
 - Pay or vacate
 - Balance sheet
 - Move-in costs

If you request move-in cost assistance, you will be required to submit a hardship letter explaining how COVID has affected you and your ability to cover the costs yourself
- Utility bills (must provide **each individual month's bill** to pay full balance, example: Jan, Feb, Mar, Apr, May, and Jun)
- Receipts or documents showing other expenses related to COVID-19 for which payments are due