

Emergency Rental Assistance (ERA) Program

KEEPING FAMILIES IN THEIR HOMES

Congress passed legislation that created the Emergency Rental Assistance (ERA) Program that makes available \$25 billion to assist households that are unable to pay rent and utilities due to the COVID-19 pandemic. The funds are provided directly to States, U.S. Territories, local governments, and Indian tribes. Grantees use the funds to provide assistance to eligible households through existing or newly created rental assistance programs. Not less than 90 percent of awarded funds must be used for direct financial assistance, including rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing. Remaining funds are available for housing stability services, including case management and other services intended to keep households stably housed, and administrative costs. Funds generally expire on December 31, 2021.

The Monacan Indian Nation is the grantee of an allocation of \$475,475.00 to administer the Emergency Rental Assistance Program for the Monacan Indian Nation citizens and non-Native American, in the immediate service area of the MIN. The assistance can be extended outside of the service area, but only to a family who has one enrolled MIN citizen.

INFORMATION FOR RENTERS

Eligibility

An “eligible household” is defined as a renter household in which at least one or more individuals meets the following criteria:

- i. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- ii. Demonstrates a risk of experiencing homelessness or housing instability; and
- iii. Has a household income at or below 80 percent of the area median.

Rental assistance provided to an eligible household should not be duplicative of any other federally funded rental assistance provided to such household. Eligible households that include an individual who has been unemployed for the 90 days prior to application for assistance and households with income at or below 50 percent of the area median are to be prioritized for assistance.

An eligible household that occupies a federally subsidized residential or mixed-use property may receive ERA assistance, provided that ERA funds are not applied to costs that have been or will be reimbursed under any other federal assistance.

If an eligible household receives a monthly federal subsidy (e.g., a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and the tenant rent is adjusted according to changes in income, the renter household may not receive ERA assistance.

Household income is determined as either the household's total income for calendar year 2020 or the household's monthly income at the time of application. For household incomes determined using the latter method, income eligibility must be redetermined every 3 months.

Available Assistance

Eligible households may receive up to 12 months of assistance, plus an additional 3 months if the grantee determines the extra months are needed to ensure housing stability and grantee funds are available. The payment of existing housing-related arrears that could result in eviction of an eligible household is prioritized. Assistance must be provided to reduce an eligible household's rental arrears before the household may receive assistance for future rent payments. Once a household's rental arrears are reduced, grantees may only commit to providing future assistance for up to three months at a time. Households may reapply for additional assistance at the end of the three-month period if needed and the overall time limit for assistance is not exceeded.

Application Process

An application for rental assistance may be submitted by either an eligible household or by a landlord on behalf of that eligible household. Households and landlords must apply through programs established by grantees. In general, funds will be paid directly to landlords and utility service providers. If a landlord does not wish to participate, funds may be paid directly to the eligible household. Households and landlords should not submit applications for assistance to Treasury.

APPLICATION PROCESS

MIN will begin accepting application on March 10th, 2021. Applications will be accessible by the following means:

- MIN website – download application
- Electronic Copy, via email
- Mailed as requested by Applicant
- Social Media, via download from MIN- Facebook

RETURN COMPLETED APPLICATIONS:

- Electronic Copy, via email to **housing@monacannation.com**
- Mailed to MIN, 111 Highview Dr, Madison Heights, VA 24572
- Drop at the office, 111 Highview Dr, Madison Heights, Va 24572 by appointment.

DOCUMENTATION REQUIRED FOR PROCESSING:

The following documents are required for the application to be completed. Any documents not attached will deem application incomplete.

- ☒ Social Security Numbers of All Household Members
- ☒ Proof of All Income
- ☒ Rent/Landlord
- ☒ Utilities

EMERGENCY RENTAL ASSISTANCE APPLICATION

Monacan Indian Nation

111 Highview Dr, Madison Heights, Va 24572
434-363-4864 or Housing@monacannation.com

Your Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

CONTACT PHONE NUMBER: _____ Email Address: _____

Tribal Enrollment Number _____

Race (check only one)

Native American African American Hispanic Native Hawaiian/Pacific Islander

White Asian Other: _____

Ethnicity (check only one)

Hispanic origin Not Hispanic Origin

1. Family Composition

A. Persons who live in your home

Family Member Number	Name(s) of Family Members	Relationship to You	Date of Birth	Sex (M or F)	Social Security Number*
1.					
2.					
3.					
4.					
5.					
6.					

*Social Security Number is required for all family members who are 6 years of age or older

2. Estimated Family Income (for next 12 months)

A. Income from employment

Family Member Number	Employer Name and Address	Rate per hour	Rate per week	Yearly Income
1.				
2.				
3.				
4.				

B. Other income

Source:	Rate per month	Total per year
TANF		
Social Security		
SSI		
Unemployment		
Pensions		
Leases		
Self- Employment		
Other		

***Other sources of income include alimony, relief, service allotments, assistance from relatives, payments for foster children, and any other regular source of income. Please do not list income that cannot be anticipated with certainty.**

Do you receive any other federal subsidy, including Housing Choice Vouchers, Public Housing or Project Based Rental Housing? ___ Yes ___ No If yes, has your rent already been adjusted for the reduced income due to COVID 19? ___ Yes ___ No

C. Reason for needing housing assistance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you homeless?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Threatened with homeless?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Overcrowding?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?	

Applicant Certification of Economic Hardship

In order for Financial Assistance to be provided under the 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 MIN 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.

Please provide brief description:

Applicant Signature and Date

DATE RECEIVED BY OFFICE: _____

EMERGENCY RENTAL ASSISTANCE
JOINT LANDLORD & TENANT APPLICATION

(Emergency Rental Assistance Program)

Monacan Indian Nation

As Tenant and Landlord, we request that MIN make the following rental and any utility payments identified below. The Tenant represents, and may be asked to make a showing, that the Tenant is either recently unemployed or has had financial difficulties either directly or indirectly due to the current COVID-19 pandemic. All parties to this application understand and agree that the Emergency Rental Assistance being applied for can only be provided if MIN has available federal Emergency Rental Assistance funds, the Tenant and the Tenant's Housing Unit are eligible for this program, and the Tenant's maximum benefits in this Emergency Rental Assistance program have not been exhausted.

Additional assistance may be provided in subsequent months for future 2021 rent or utility payments, but additional applications will be required.

PARTIES AND HOUSING UNIT

- Tenant: _____
- Landlord: _____
- Utility Provider(s): _____
- Housing Unit: _____

PAYMENT ASSISTANCE REQUESTED

YEAR 2020

-RENT-

-UTILITIES-

May \$ _____ Sept. \$ _____

May \$ _____ Sept. \$ _____

June \$ _____ Oct. \$ _____

June \$ _____ Oct. \$ _____

Mar. \$ _____ July \$ _____ Nov. \$ _____

Mar. \$ _____ July \$ _____ Nov. \$ _____

April \$ _____ Aug. \$ _____ Dec. \$ _____

April \$ _____ Aug. \$ _____ Dec. \$ _____

YEAR 2021

-RENT-

-UTILITIES-

Jan. \$ ____ May \$ ____ Sept. \$ ____ Jan. \$ ____ May \$ ____ Sept. \$ ____

Feb. \$ ____ June \$ ____ Oct. \$ ____ Feb. \$ ____ June \$ ____ Oct. \$ ____

Mar. \$ ____ July \$ ____ Nov. \$ ____ Mar. \$ ____ July \$ ____ Nov. \$ ____

April \$ ____ Aug. \$ ____ Dec. \$ ____ April \$ ____ Aug. \$ ____ Dec. \$ ____

Please list the day of the month when Tenant's rent is due: _____

Please list the day of the month when Tenant's utility payments are due: _____

ELIGIBILITY & ADDITIONAL SUBMISSIONS

Indians and non-Indians are eligible for this program, but a participating Household must have income that is less than eighty percent (80%) of the Area Median Income. Please also note that when making awards of these funds, priority is given to households that have incomes less than fifty percent (50%) of the Area Median Income.

Tenants, at or subsequent to submitting this Application, are required to submit an **Eligibility Information Statement** ("Statement") as a part of the application process. The Statement asks for information required by the U.S. Department of Treasury. The Statement examines income, eligibility for unemployment benefits, the financial impact of COVID-19, your Household's risk of homelessness and housing instability, and any provided written attestations. Both this Application and the Statement will have to be sworn to by the Tenant. Using this Application, the Statement, and possibly other documentation, MIN will determine whether the Tenant is eligible for Emergency Rental Assistance and whether the Tenant's Household qualifies for priority funding.

OTHER INFORMATION

Please check this box if you have previously provided an application for this Emergency Rental Assistance program, whether to MIN or another assistance provider. This is being asked of you, in part, because there is a limit on how much financial assistance an individual Household can receive from this particular Emergency Rental Assistance program.

This Emergency Rental Assistance is funded by The Consolidated Appropriations Act, 2021, which is a federal program to help Tenants and Landlords, as well as improve public health conditions, during the COVID-19 pandemic. The applicants agree that all funding must be used for the purposes intended. The program requires that all assistance provided must be deposited into proper accounts and used only for approved purposes. If the funds are sought and used for improper purposes, the applicants shall become indebted to, and shall be required to pay back, those amounts to the U.S. Treasury Department and [TDHE]. Additionally, applicants promise and guarantee that all of the representations that they have made in this Application are accurate, truthful, and complete. This Application for assistance will not be considered complete until Tenant has submitted the additional Eligibility Information Statement.

JOINT EXECUTION OF APPLICATION

TENANT

LANDLORD

()

Signature and (date)

()

Signature of owner or authorized agent, and (date)

Name (printed)

Name (printed)

Address

Address

Phone and email

Phone and email

Title

Zero Income Questionnaire

Tenant Name: _____ Unit #: _____ Date: _____

Please describe briefly how your household is meeting your basic daily/monthly needs by filling in ALL blanks on this form. **DO NOT leave any blanks!** If it does not apply write N/A in the space. Please answer questions honestly.

*** Note: Cash assistance may or may not affect your monthly rent amount.*

1. What is the amount you and/or your household receives each month to assist with daily personal needs (cash or bills paid) by family, friends or any other source: _____
Source(s) of assistance: _____
2. What is the amount you and/or your household receives on a regular or occasional basis from the following:
 - a) Child Support _____
 - b) Unemployment _____
 - c) SS and/or SSI _____
 - d) Gifts _____
 - e) Insurance Settlement _____
 - g) Family/Friends _____
 - h) Workman's Comp _____
 - i) AFDC/Welfare _____
 - j) Retirement/Pension _____
 - l) Other Source _____

List how you pay or will pay for the following:

1. RENT:

If you pay rent, source of funds used to pay rent: _____

2. UTILITIES/CABLE/INTERNET:

Do you have cable/satellite TV: _____ If so, monthly amount: _____

Do you have internet service: _____ If so, monthly amount: _____

Do you have video streaming service (Netflix, Hulu, etc.) _____ If so, monthly amount: _____

Source of funds to pay for utilities/cable/internet: _____

3. PHONE:

Do you or anyone in your household have a home and/or cell phone: _____

Source of funds used to pay phone bill(s): _____

4. FOOD:

Do you or anyone in your household receive Food Stamps: _____ If so, monthly amount: _____

Source of funds to buy grocery items (if no Food Stamps): _____

5. PERSONAL HYGIENE:

How much does your household spend on personal hygiene products (soaps, deodorant, hair products, make-up, over-the-counter medication, etc.) per month: _____

Source of funds for these items: _____

6. VEHICLE:

Does anyone in the household have a vehicle: _____ If so, is there a car loan payment: _____

Monthly car loan payment amount: _____ Average spent on gas/upkeep per month: _____

Do you pay auto insurance: _____ Monthly payment amount: _____

Do you pay for registration and emissions testing? _____

Source of funds for any of these items listed above: _____

7. CIGARETTES/VAPOR/ALCOHOL:

Do you or anyone in your household smoke/vape: _____ If so, monthly amount spent: _____
Do you or anyone in your household drink alcohol: _____ If so, monthly amount spent: _____
Source of funds for cigarettes/vape/alcohol: _____

8. LAUNDRY/CLEANING SUPPLIES:

Do you use a laundromat or on-site laundry facilities: _____ If so, monthly amount spent: _____
Please list the average amount you or anyone in your household spends on household goods & cleaning supplies per month (toilet paper, paper towels, trash bags, laundry soap, etc.): _____
Source of funds for laundry/cleaning supplies: _____

9. CHILDREN:

Are there children in the household: _____ If so, how many: _____
Do you or anyone in the household receive child support: _____ If so, monthly amount: _____
Do you or anyone in the household pay for daycare/preschool: _____
If so, monthly amount: _____ Is there state assistance (ICCP) to help pay: _____
Source of funds to pay the above items: _____
Do you or anyone in the household pay for diapers and/or other child needs: _____
Source of funds to pay for these items: _____
Do you pay for school related expenses (lunches, supplies, fees, etc.): _____
Source of funds to pay for these items: _____

10. CLOTHING, SHOES, ETC:

Please list the approximate amount you or anyone in your household spends on clothing, shoes, accessories, etc. per month: _____ Source of funds to pay for these items: _____

11. ENTERTAINMENT:

Do you or anyone in your household go to movies, eat out, and/or participate in sports/recreation/entertainment activities, etc: _____ Source of funds for entertainment expenses: _____

12. PETS:

Are there any pets in the household: _____ If so, monthly amount spent for pet food, veterinarian care, toys etc: _____ Source of funds for these expenses: _____

13. OTHER EXPENSES NOT LISTED ABOVE: (credit cards, medical expenses, loans, etc)

Are there any other expenses for this household: _____
Please list any other expenses: _____
Source of funds for these expenses: _____

I/we certify the above information to be correct and any misrepresentation of household income may result in termination of my/our assistance and/or lease, as permitted by Federal Regulations and/or State and Local law. I understand that I must complete this Questionnaire on a monthly/quarterly basis for as long as no adult member of the household is working or receiving regular income and/or benefits (such as child support, social security, etc.) and/or has an adjusted income of less than \$75 per month.

I/we understand that, if I/we furnish false or incomplete information, I/we can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased.

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).