



Enterprise Rancheria Indian Housing Authority

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EMERGENCY RENTAL ASSISTANCE PROGRAM

To All Tribal Members:

The Enterprise Rancheria Indian Housing Authority (“ERIHA”) has received federal funds to provide tribal member households with Emergency Rental Assistance. Tribal members who are tenants (renting) can apply for both types of assistance which include:

- **Rental assistance** - payment of up to 12 months of both on-going rent and back rent owed by an eligible household; and
- **Utilities** - payment of up to 12 months of both past due and on-going bills for all utilities except telecommunication services such as telephone and cable.

ERIHA has included an application with this notice for your convenience. In order to determine if your household is eligible, please refer to the enclosed ERA Policies, and/or submit an application.

Eligibility To be eligible for either utility or rental assistance your household must be a tenant in a house or apartment with a combined household income that does not exceed 80% of median income for the county where you live. For example, 80% of median income in Butte County for a family of four is \$56,550.

And;

The household must also demonstrate financial hardship due to the COVID-19 epidemic and a risk of housing instability, which could include, among other alternatives:

- A notice from a utility service or landlord of delinquent charges for utilities or rent.

A more detailed description of the assistance and the eligibility requirements are explained in the enclosed Emergency Rental Assistance Policies (“ERA Policies”) which are also available from the ERIHA office.

As further explained in the ERA Policies each household will be required to submit documents confirming the information you provide in your application. Some of the information can be confirmed without providing documentation by completing the Attestation Form, which is also included with this application packet.

Generally, the ERIHA must make the rent and utility payments directly to your landlord and/or the utility providers. If the landlord or utility company refuses to accept direct payment from the ERIHA, then payment(s) would be made direct to the household and the household would be responsible to the ERIHA for providing the receipts, back up documentation that the assistance was paid for purpose for which it was intended.

There is no deadline for filing applications. Except for certain priorities explained in the ERA Policies, assistance will be provided on a first come, first served basis. Any of the ERA funding received by the ERIHA that has not been spent by December 31, 2021, must be returned to the U.S. Treasury Department. If you have questions or require assistance, please call the ERIHA office for further information at (530) 532-9214.

Enterprise Rancheria Indian Housing Authority

EMERGENCY RENTAL ASSISTANCE POLICIES IMPLETING DIVISION N, TITLE V OF HR 133-888

EMERGENCY RENTAL ASSISTANCE PROGRAM

The U.S. Department of the Treasury has awarded the Enterprise Rancheria Indian Housing Authority (“the Authority”) funding under the Emergency Rental Assistance Program (“ERA Funding”) adopted by Division N, Title V of HR 133-888, commencing with Section 500, to provide emergency rental and utility assistance to tenants and homebuyers and other eligible households.

HOW MUST THE AUTHORITY USE ERA FUNDING?

Not less than 90 percent of the awarded funds must be used for direct financial assistance, including current and on-going rent, back rent owed by an eligible household, current and on-going bills for utilities and home energy costs, and past due bills for utilities and home energy costs. Any funds remaining after the Authority has paid for eligible households’ rent and utilities (not exceeding 10% of the Authority’s ERA Funding) is available for housing stability services, including case management and other services intended to keep households stably housed. Not more than 10% of the ERA Funding can be used to pay the Authority’s costs to administer the program, including record keeping and reporting requirements. Any ERA Funding unused by the Authority by December 31, 2021 must be refunded to the Treasury Department.

WHAT ASSISTANCE IS AVAILABLE?

Assistance can be provided to pay:

- 1) RENT: back rent you owe and current and future rent.
- 2) UTILITIES: past due utility and home energy bills you owe and current and future utility and home energy bills. Utilities include water, sewer, electricity, natural gas, propane, and garbage collection. They do not include telecommunication services (telephone, cable).

HOW MANY MONTHS OF ASSISTANCE CAN I RECEIVE?

Eligible households may receive up to 12 months of assistance, plus an additional 3 months if the Authority determines the extra months are needed to ensure housing stability; that is to avoid eviction or a substantial risk of eviction. The Authority can only pay assistance for extra months if it has sufficient ERA Funding, after providing 12 months of assistance to eligible households, to cover those payments.

WHEN CAN ERA FUNDING BE USED TO PAY BACK RENT AND UTILITIES AND WHEN CAN IT BE USED TO MAKE FUTURE RENT PAYMENTS?

Assistance must be provided to reduce an eligible household’s rental arrears before the household may receive assistance for future rent payments. The Authority is not required to pay

the entire amount of back rent owed, but it must substantially reduce the amount owed by the eligible household. The payment of back rent that could result in eviction of an eligible household is prioritized. 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 each three-month period, if needed, as long as the overall time limit for assistance (maximum 15 months) is not exceeded.

WHO IS ELIBIBLE FOR ASSISTANCE?

An "eligible household" is defined as a renter household in which at least one or more members meet all the following criteria:

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

The available funds will be awarded on a first come, first served basis, except for 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, which are prioritized for assistance.

HOW IS HOUSEHOLD INCOME DETERMINED?

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. The Authority will determine an eligible household's income using Income Limits under the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA).

The applicant (whether the landlord/utility provider or an eligible household) must provide source documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement), or a copy of Form 1040 as filed with the IRS for the household.

To determine monthly income, the applicant must provide the Authority with income source documentation (wage statement, such as pay stubs, interest statement, unemployment compensation statement, etc.) for at least the two months prior to the submission of the application for assistance. If an applicant qualifies based on monthly income, the Authority must re-determine the household income eligibility every three months for the duration of assistance. That recertification is not required for eligible households that qualify based on their annual income in 2020.

HOW DO I APPLY FOR ASSISTANCE?

An application for rental assistance may be submitted by either an eligible household or by a landlord, including the Authority, or a utility provider, on behalf of that eligible household. An application form is attached to this Policy as Attachment 1.

In general, funds will be paid directly to landlords and utility service providers. If a landlord does not wish to participate, after the Authority has made outreach efforts to the landlord or utility provider, funds may be paid directly to the eligible household.

The Authority will make reasonable efforts to obtain the cooperation of landlords and utility providers to accept payments from the ERA program. Outreach will be considered complete if a request for participation is sent in writing, by certified mail, to the landlord or utility provider, and the addressee does not respond to the request within 21 calendar days after mailing; or, if the grantee has made at least three attempts by phone or email over a 21 calendar-day period to request the landlord or utility provider's participation. The Authority will document these efforts. The cost of the mailing is an eligible administrative cost.

Such assistance shall be provided for a period not to exceed 12 months except that, subject to the availability of funds, the Authority may provide assistance for an additional 3 months only, if necessary to ensure housing stability for a household (e.g., to prevent eviction).

WHO RECEIVES RENTAL AND UTILITY PAYMENTS AWARDED TO AN ELIGIBLE HOUSEHOLD?

The Authority is required to make rental payments directly to your landlord and utility payments directly to the company providing the utility service. If a landlord or utility company does not agree to accept these payments directly from the Authority, the Authority will make the payment directly to the eligible household which must use the payment to pay the landlord or utility provider.

If payment is made to the eligible household, that household must provide the Authority with a receipt or other document from the landlord or utility provider showing that the rent or utility bill was paid before another payment of the assistance will be made to the household.

For any payments made by the Authority directly to a landlord or utility provider on behalf of an eligible household, the Authority will provide documentation of such payments to the household.

HOW WILL THE AUTHORITY DECIDE WHICH ELIGIBLE HOUSEHOLDS RECEIVE ASSISTANCE.?

The Authority shall approve applications for assistance on a first-come, first-served basis, except that the following households listed in subsection A, below, will have priority over other households in the order listed in subsection B:

- A.1. The applicant household is a tenant or homebuyer in housing administered by the Authority.
2. The applicant household is eligible for housing administered by the Authority.
3. The applicant household contains one or more members of the tribe.

B. 1. Back rent must be paid to avoid a threatened or pending eviction and/or an outstanding balance on a utility account must be paid to avoid a termination of service.

2. The income of the household does not exceed 50 percent of the area median income for the county where the housing is located.

3. One or more individuals within the household are unemployed as of the date of the application for assistance and have not been employed for the 90-day period preceding such date.

4. One or more individuals within the household were unable to reach their place of employment or their place of employment was closed because of a public health order imposed as a direct result of the COVID-19 public health emergency.

WHAT OTHER USES CAN THE AUTHORITY MAKE OF THE ERA FUNDING?

A. Administrative Costs - Not more than 10 percent may be used for administrative costs attributable to providing the financial assistance and housing stability services described in this Policy, including to comply with data collection and reporting requirements required by the ERA Rental Assistance Program.

B. Housing Stability Services - Not more than 10 percent may be used to provide eligible households with case management and other services related to the novel coronavirus disease (COVID-19) outbreak to help keep households stably housed.



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APPLICATION

APPLICATION RECEIVED: Date: _____; Time: _____

[Check one box] First Application for assistance Subsequent Application for additional 3 months of assistance.

1. APPLICANT [only required if different from prior application]

Applicant is [check one box]

Landlord

Utility company

Eligible Household

Name of Applicant: _____

Name of Tenant, if not the applicant: _____

Names of household members: _____

Address of rental unit: _____
Street address City Zip Code

Address of Applicant, if different from rental unit address:

Street address City Zip Code

Applicant Phone: _____

Applicant Email: _____

2. HOUSEHOLD INCOME

A. What is the total household income? _____ [A household is eligible for assistance if its total income is equal to or less than 80% of median income in the county. The applicant is entitled to a priority if income equal to or less than 50% of median income.]

B. For each household member with income, you can choose either a or b below.

a. Is the income you report for the 2020 calendar year? Yes No

If "Yes" checked, attach copies of documents substantiating amount, such as wage statement, interest statement, unemployment compensation statement, or Internal Revenue Service (IRS) Form 1040).

b. Is the income you report the household's monthly income at the time of application? Yes No.

If "Yes" checked, attach copies of documents substantiating monthly household income for the two months prior to the month of application, such as wage statement, interest statement, unemployment compensation statement.

3. ELIGIBILITY AND PRIORITY OF APPLICATION

A. Is the household a tenant or homebuyer in housing administered by the ERIHA?

Yes No.

B. Is the household eligible for housing administered by the Authority? Yes No.

C. Does the household contain one or more members of the tribal parties to the member of the tribe?

Yes No

D. Do one or more household members qualify for unemployment insurance benefits?

Yes No

If "Yes" checked, name(s) of those members: _____ . Attach copy of documents from Employment Development Department or other document confirming such qualification.

E. Has household income been reduced, household costs significantly increased or other financial hardship resulted due to COVID-19?

Yes No

If "Yes" checked, describe how COVID-19 has reduced household income, increased household costs or caused other financial hardship: _____

(attach additional sheets, if necessary)

F. Has the household received a written notice to pay or quit for nonpayment of rent or other notice of rental delinquency from the landlord?

Yes No

If "Yes" checked, attach copies of the notice or notices.

C. Has one or more household members been unemployed as of the date of application and for the 90-day period preceding such date? Yes No. If "Yes" checked, name the household member or members: _____

D. Has one or more household members been unable to reach their place of employment or was their place of employment closed because of a public health order imposed as a direct result of s COVID-19 public health emergency? Yes No. If "Yes" checked, name the household member or members and explain: _____

E. Other than a threat of eviction is the household at risk of experiencing homelessness or housing instability?

Yes No

If "Yes" checked, explain: _____

4. ASSISTANCE SOUGHT

A. RENT

Back rent

On-going rent

For each box checked provide the following information:

Months included:

Back rent: _____

On-going rent sought (not more than 3 months): _____

COMBINATION OF BACK RENT AND ON-GOING RENT CAN'T EXCEED 12 MONTHS.

Monthly rent: _____. Total Amount of Back rent sought: _____

Total Amount of On-going rent sought: _____

Total assistance sought: _____

B. UTILITIES [exclude telecommunication services (telephone, cable, internet)]

Past due payments for utilities

Payment for current and future utility service

For each box checked provide the following information:

Months included:

Past due and unpaid utility bills: _____

Future monthly bills for utilities (not more than for 3 months):

COMBINATION OF PAST DUE AND ON-GOINGS UTILITY BILLS CANNOT EXCEED 12 MONTHS

Total Amount of past-due bills for utilities sought: _____ [Attach copies of utility bills]

Total Amount sought for estimated future utility charges: _____

Total utility assistance sought: _____

C. DOES THIS APPLICATION SEEK A 3 MONTH EXTENSION TO 12 MONTHS OF ASSISTANCE ALREADY AWARDED TO THE HOUSEHOLD, SUBJECT TO THE AVAILABILITY OF EMERGENCY RENTAL ASSISTANCE FUNDING?

Yes No.

If "Yes" checked:

1. Has there been any change to the answers you have provided in your initial application for assistance or in an application for any 3-month extension of assistance with the payment of on-going rent or utilities? Yes No. If you checked "Yes," please describe those changes:

IF APPLICATION FILED BY LANDLORD OR UTILITY PROVIDER:

The undersigned is submitting this application on behalf of the eligible household identified herein with the prior consent of the utility customer. The applicant is willing to accept payment of rent or utilities funded by Emergency Rental Assistance directly from the Authority. The information contained in this application was derived from the records of the landlord or utility and from the members of the applicant household. To the best of my knowledge and belief the

information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I have provided the head of the household with a copy of this application.

Dated: _____
Applicant: _____
By: _____
Signature: _____

IF APPLICATION FILED BY HEAD OF HOUSEHOLD:

The undersigned is submitting this application as the head of and on behalf of the eligible household identified herein. To the best of my knowledge and belief the information contained in this application is true and correct and does not knowingly omit any information that would make the information contained this application misleading or untrue. I understand that the Authority is relying on the information contained in this application. If any such information is untrue or misleading, the Authority can rescind the approval of the emergency rental assistance and recover from me and any other adult members of the household any funds provided in reliance upon this application.

[Check one of the two boxes below]

Attached hereto is written consent from the utility or utility companies and/or my landlord to receive payment directly from the Authority.

The utility or landlord to which payment of emergency rental assistance will be made was not willing to provide written consent to receive payments directly from the Authority. I understand and agree that I must provide written evidence acceptable to the Authority that funds disbursed were received and accepted by the utility or landlord before any additional funds are released to me to make subsequent payments.

Dated: _____
Signature: _____
Print or Type name: _____

LANDLORD'S

CONSENT TO DIRECT PAYMENT OF EMERGENCY RENTAL ASSISTANCE

I am the owner or manager of a residential rental unit rented to:

_____ (“Tenant”).

The address of the leased premises is: _____

Street address

Apt. No.

City

State

Zip Code

I hereby consent to receive direct payments from Enterprise Rancheria Indian Housing Authority (“ERIHA”) of past due rent and present and future rent owed by Tenant for the leased premises.

ERIHA requires this consent in its administration of the federally funded Emergency Rental Assistance Program for calendar year 2021. Your agreement to accept direct payments does not obligate ERIHA to make payments and does not absolve Customer of the obligation to pay for the rent that ERIHA does not pay.

If box checked, please submit copy of lease with this consent form.

Signature

Print or type name

Job title

Date: _____

UTILITY'S

CONSENT TO DIRECT PAYMENT OF CHARGES FOR UTILITY SERVICE

_____ (“Utility”) furnishes _____
[name of utility] [type of service (e.g., internet, water, sewer,
etc)]

to the residential premises located at _____
Street address Apt. No.

City State Zip Code

The account, No. _____, is in the name of _____
 (“Customer”).

Utility hereby consents to direct payment of past due and future charges for utility service furnished to the residential premises from Enterprise Rancheria Indian Housing Authority (“ERIHA”).

ERIHA requires this consent in its administration of the federally funded Emergency Rental Assistance Program for calendar year 2021. Your agreement to accept direct payments does not obligate ERIHA to make payments and does not absolve Customer of the obligation to pay for the utility services that ERIHA does not pay.

Signature
Title: _____

Print or type name

Date: _____

ATTESTATION FORM

I, _____, attest to the following:

1. I am the applicant for Emergency Rental Assistance on behalf of the Eligible Household as listed in my Emergency Assistance Application, signed and submitted on _____, 2021.

[Check applicable boxes]

2. I cannot provide a written lease showing the household's monthly rent, because [check applicable box]

There is no written lease or rental agreement.

The name, address, phone number and email address of my landlord is:

_____.

Attach copies of drivers' license, utility bills other bills directed at household member showing residence address and bank statements, rental receipts or other documents showing regular monthly payments to your landlord.

I cannot produce documents showing regular payments of rent, because I pay in cash and do not have a bank account, but I have attached an Attestation from my landlord of my monthly rent and evidence, such as a property tax bill from the county, showing that my landlord owns the premises I rent.

I attest that the applicant household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs or utility or home energy costs that are the subject of this attestation.

3. I attest that _____ ("Household Member(s)") is/are eligible for unemployment benefits, because he/she or they were laid off or terminated without cause from their employment:

(a) as a _____ with _____ ("Employer") located at _____ after working there between _____, 20__ and _____. 202__.

(b) as a _____ with _____ ("Employer") located at _____ after working there between _____, 20__ and _____. 202__.

4. I attest that _____ ("Household Member(s)") has suffered financial hardship as a result of the COVID-19 epidemic, because his/her/their expenses increased or income decreased substantially, because _____

_____.

(e.g., reduced income because unable to work from home or need to provide childcare during school closures)

I cannot provide written documentation of annual or monthly income for the following adult household members: _____ . I cannot provide that documentation because they: Had no income in 2020 and have no monthly income; received only occasional small sums in cash; other: [explain]_____

Executed on _____, 2021 at _____, California.-
State-County_____

I declare under penalty of perjury that the forgoing is true and correct.

Signature: _____