

KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way
Happy Camp, CA 96039
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Ph: (530) 842-1644 • Fax: (530) 842-1646

KARUK TRIBE HOUSING AUTHORITY COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Supplemental 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.

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

For all Applicants:

- Current rental lease.

Submit the following documentation if applicable and available:

- Documents showing Rent Arrears and interest/penalties accrued or eviction notice.
 Documents showing Utility Costs Arrears and interest/penalties accrued.
 Utility bills showing Current Utility Costs due.
 Documents showing other expenses related to COVID-19 for which payments are due.

Contact Information: Karuk Tribe Housing Authority
PO Box 1159, Happy Camp, CA 96039
Phone: (530) 842-1644 Ext. 7003
Fax: (530) 842-1646
Email: ERAP@karuk.us



FOR OFFICIAL USE

Date Received: _____
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Received by: _____

**KARUK TRIBE HOUSING AUTHORITY
COVID-19
EMERGENCY RENTAL ASSISTANCE PROGRAM**

Supplemental 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: _____ County: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ County: _____ Email: _____

1. Do you currently pay to rent the dwelling unit in which you are living (this includes an apartment, a house, a room in a house or apartment (not with immediate family), or longer-term hotel/motel stay [one week or more])?

Yes No

- a. If yes, attach and submit your current rental agreement, or lease, or other agreement, if you have it.

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 – those “Other Housing Costs”).

A. Rent Arrears and Utility Costs Arrears¹

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: _____

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, if available (rental lease, documents showing rent or utility costs due, etc.)

¹ **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, the Karuk Tribe Housing Authority will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

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 if available (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? (check all that apply)
(Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury, including Internet / Telecommunications. **Maintenance costs are not included in this definition.**)

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

- Expense Type: _____ **Payment due:** _____
Amount Due: \$ _____
Date Due: _____
Provider: _____ Phone Number: _____
Billing Address: _____ City: _____
State: _____ Zip: _____ Email: _____

- Expense Type: _____ **Payment due:** _____
 Amount Due: \$ _____
 Date Due: _____
 Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____ Email: _____
- Expense Type: _____ **Payment due:** _____
 Amount Due: \$ _____
 Date Due: _____
 Provider: _____ Phone Number: _____
 Billing Address: _____ City: _____
 State: _____ Zip: _____ Email: _____

Applicant Acknowledgements and Attestation

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 and attest*** 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 the Karuk Tribe 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 the Karuk Tribe Housing Authority determines it is appropriate to do so.

 APPLICANT SIGNATURE

 DATE

Form Received by the Karuk Tribe Housing Authority:

 STAFF MEMBER SIGNATURE

 DATE

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