



YAKAMA NATION HOUSING AUTHORITY

611 S. Camas Ave. • P.O. Box 156
Wapato, Washington 98951-1499
Phone (509) 877-6171 • Fax (509) 877-7830

COVID-19 Emergency Rental Assistance Program

Program Overview

The Emergency Rental Assistance (ERA) 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.

To participate in the ERA Program, an Applicant or a Landlord/owner acting on behalf of the Applicant must first submit a complete, written Application to Yakama Nation Housing Authority (YNHA).

Generally payments will be processed to the Landlord or Utility Provider. It may take up to 2-4 weeks for an application to be processed for approval, as long as the application is complete with all supporting documents. Please refrain from calling in for STATUS UPDATES, the landlord/tenant will be notified with formal notice of approval/disapproval via email or mail.

Eligible Service Areas for the Program

YNHA has a formula area that it serves, the city of Ellensburg, WA and Wenatchee, WA and the Grant County, Klickitat County, Lewis County, Franklin County, Skamania County and Yakima County. These areas are eligible to apply to the ERA program.

Eligible Households

1st Preference: Tribal Members and Tribal Descendants

2nd Preference: Members of an Indian Tribe

3rd Preference: All Other Eligible Households (i.e. Other Members of these Communities)

(Eligible Households) Applicants who experienced other financial hardship, directly, or indirectly, due to the Covid-19 outbreak:

- Has qualified for unemployment benefits or experienced a reduction in household income, or incurred significant costs;
- Can demonstrate a risk of experiencing homelessness or housing instability; and
- A household income at or below 80% of area median income

This Program CAN NOT assist Homeowner's Mortgage Payments or Their Utility Bills

Applications are available anytime outside the YNHA office or on our Website YNHA.org Please call for more information with the ERA Program Service Specialist, Jaissa Grunlose at 509.877.6171 x1052 or by email at Jaissa@ynha.com

Application Checklist

Please review your application to make sure it contains the following information, otherwise it will NOT be processed and held until all required supporting documents are obtained:

For all Applicants:

- ☐ Copy of Driver's License or Tribal Enrollment Card
- ☐ Proof of membership of an Indian Tribe for each household member (*if applicable*)
- ☐ Income Verification for each member 18 or older
 - ☐ Annual Income
(*2 pay stubs, unemployment compensation statement, or a copy of Form 1040 for the household for 2020*)
 - Or
 - ☐ Monthly received in the last 60 days (*2 months*)

Submit the following documentation if applicable:

- ☐ Documentation of each household member's qualification for unemployment benefits
- ☐ Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- ☐ Other documents showing a reduction in household Income
- ☐ Documents showing loss of self-employment/business income
- ☐ Bills / Receipts to showing significant costs (*hospital bills, medication costs, etc.*)
- ☐ Documents showing other financial hardship
- ☐ Copy of lease or rental agreement showing required rental payments or deposits
- ☐ Copy of utility bill(s)
- ☐ Copy of a past due utility or rent notice or eviction notice
- ☐ Documents showing unsafe or unhealthy living conditions
- ☐ Any other evidence of risk of housing instability

Supporting Documents

Please review your application to make sure it contains the following information, otherwise it will NOT be processed and held until all supporting documents are obtained:

For all Applicants:

- ☐ Current rental lease
- ☐ W-9 is to be filled out and completed by the Landlord (*Provided at the end of this application*)

Submit the following documentation if applicable:

- ☐ 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

This Application Must Include All Information and Supporting Documentation Required By YNHA

Yakama Nation Housing Authority

COVID-19 Emergency Rental Assistance Program

FOR OFFICIAL USE

Date Submitted: _____
 Time Submitted: _____
 Received by: _____
 Application #: _____

Applicant Information

Applicant Name: _____ Today's Date: _____
 Date of Birth: _____ Tribal Enrollment No: _____ SSN: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Message Number: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Email: _____

General Information

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

Demographic Information

Ethnicity: _____ Race: _____

Are you or is a member of your household a member of an Indian tribe? ☐ Yes ☐ No

Tribe: _____

If yes, attach proof of membership of an Indian Tribe for each household member

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

If yes, attach and submit your current rental lease.

What is the total amount of rent that you pay each month? \$ _____

Landlord Information

Landlord Name: _____ Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

*Official Use Only *

Income Verification

☐ Annual income of household: \$ _____ (Take Home 2020)

☐ Monthly income of household: \$ _____

Staff Initials: _____

Financial hardship

LANDLORDS AND TENANTS: PLEASE CHECK ALL THAT APPLY TO THE HOUSEHOLD

1. Do you or any individual in your household qualify for unemployment benefits? ☐ Yes ☐ No
2. If yes, attached supporting documentation demonstrating each individual's qualification for unemployment benefits.

Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (Check all that apply)

- ☐ A reduction in household Income
 - ☐ Loss of Employment/Temporary Layoff/or Furlough
 - ☐ Reduction in hours/pay.
 - ☐ Unable to work or experiencing financial hardship due to no child care/school.
 - ☐ Underlying medical condition requiring staying home to prevent exposure.
 - ☐ Loss of self-employment/business income
 - ☐ Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
 - ☐ Disabled and enduring increased costs because of the COVID-19 pandemic
 - ☐ Incurred significant costs (hospital bills, medication costs, etc.)
 - ☐ Other financial hardship; list:
3. If you checked any of the boxes above, attach supporting documentation for each hardship. (E.g. copies of most recent paycheck stubs or other sources of income were showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (*check all that apply*):
 - ☐ A past due utility or rent notice or eviction notice
 - ☐ Unsafe or unhealthy living conditions
 - ☐ Any other evidence of such risk
 - ☐ Overcrowded, more than 2 people to a bedroom
 - a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, etc.)
 - b. If you checked any of the boxes above, please describe the details of your housing instability:

Applicant Acknowledgements

Read and Initial the following statements before signing this application

I understand that I am required to update my application whenever any determining factor of eligibility changes. This includes employment/annual income, contact information, no longer qualifying for unemployment benefits, no longer experiencing a reduction in household income or other financial hardship, no longer facing a risk of homelessness or housing instability, or having a household income that is above 80 percent of the Area Median Income for the household.

(_____ Initial 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 Yakama Nation 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 Yakama Nation Housing Authority determines it is appropriate to do so.

(_____ Initial Here)

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.

(_____ Initial 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 Yakama Nation 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 Yakama Nation Housing Authority determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

If a landlord or owner of a residential dwelling submits this Form on behalf of the Applicant:

I _____ the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

LANDLORD SIGNATURE

DATE

OFFICIAL USE ONLY

Approved: ☐ Yes ☐ No Reason: _____

Denial Communicated: _____ ERA/YNHA Staff Signature: _____

Form Received by Yakama Nation Housing Authority:

STAFF MEMBER SIGNATURE

DATE

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 Yakama Nation Housing Authority 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

DATE

Applicant Authorization for Release of Information

I, _____ [print name] ("Applicant") am applying for certain housing assistance services from Yakama Nation Housing Authority. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Yakama Nation Housing Authority listed below.

Name and address of person or entity possessing information regarding Applicant:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and address and contact person to whom information is to be released:

_____	_____	_____
_____	_____	_____
_____	_____	_____

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the TDHE/Tribal Housing Program named above. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

APPLICANT SIGNATURE

DATE

Landlord/Utility Provider Participation Certification

In order for Financial Assistance to be provided under the ERA Program, this Participation Certification form must be completed and signed/dated by the Landlord/Utility Provider.

Attention Landlord or Utility Provider,

If the application is **approved** for financial assistance through the ERA program, you the Landlord/Utility Provider, _____, by signing below, certify in receiving payment on behalf of the YNHA.

LANDLORD SIGNATURE

DATE

Financial Assistance

“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, car payments/insurance and Medical Bills. Maintenance costs are NOT included in this definition.

“Rental Deposit” means the security deposit and first/last month’s rent

“Other Housing Costs” means relocation expenses (includes after an eviction) and rental application fees, excess garbage fee, reasonable accrued late fees, internet services

“Housing Stability Services” means eviction prevention and eviction diversion programs; mediation between landlords and tenants; housing counseling; fair housing counseling; legal services or attorney fees related to evictions, housing related services for survivors of domestic abuse or human trafficking, and specialized services for individuals with disabilities or seniors that support their ability to access or maintain housing

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.

A. Rent Arrears and Utility Costs Arrears¹

(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.)*

Indicate below the months the household/tenant utility payment is past/currently due:

<input type="checkbox"/> Mar '20 \$	<input type="checkbox"/> Apr '20 \$	<input type="checkbox"/> May '20 \$	<input type="checkbox"/> Jun '20 \$	<input type="checkbox"/> July '20 \$	<input type="checkbox"/> Aug '20 \$	<input type="checkbox"/> Sept '20 \$	<input type="checkbox"/> Oct '20 \$	<input type="checkbox"/> Nov '20 \$
<input type="checkbox"/> Dec '20 \$	<input type="checkbox"/> Jan '21 \$	<input type="checkbox"/> Feb '21 \$	<input type="checkbox"/> Mar '21 \$	<input type="checkbox"/> Apr '21 \$	<input type="checkbox"/> May '21 \$	<input type="checkbox"/> Jun '21 \$	<input type="checkbox"/> Jul '21 \$	<input type="checkbox"/> Aug '21 \$
<input type="checkbox"/> Sept '21 \$	<input type="checkbox"/> Oct '21 \$	<input type="checkbox"/> Nov '21 \$	<input type="checkbox"/> Dec '21 \$	<input type="checkbox"/> Jan '22 \$	<input type="checkbox"/> Feb '22 \$	<input type="checkbox"/> Mar '22 \$	Total Amount Due: \$	

☐ **Rent Arrears** (Past Due Rent Balance): Date: _____

Landlord Name: _____ Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

☐ **Utility Arrears** (Attach supporting documentation Per Utility Bill)

Provider Name: _____ Date: _____ Total Amount Due: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

☐ **Utility Arrears** (Attach supporting documentation Per Utility Bill)

Provider Name: _____ Date: _____ Total Amount Due: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

B. Current Rent and Current Utility Costs

(Check all that apply) *If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment (rental lease, documents showing rent or utility costs due, etc.)*

☐ **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: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

☐ **Current Utility Costs Payments due** (Utility Costs that are currently due and owing but not yet in arrears):

a) **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

b) **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

c) **Type of Utility:** _____ Amount \$ _____ Due Date _____

Utility Provider: _____ Phone Number: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

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

C. Prospective Rent and Prospective Utility Costs

(Check all that apply) *If you check any of the boxes below, attach supporting documentation for each prospective payment (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: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

☐ **Prospective Utility Costs Payments due:**

a) **Type of Utility:** _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

b) **Type of Utility:** _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

c) **Type of Utility:** _____ Due Date _____
Utility Provider: _____ Phone Number: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

☐ **Current Rental Deposit Payment due** (*Deposit payment for rental housing that is due and owing as a condition of obtaining rental housing*):

Amount Due: \$ _____ Date Due: _____ Email: _____
Landlord Name: _____ Phone Number: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

D. Other Housing Expenses

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

Types of Other Housing Expenses: *Emergency Lodging, Excess Garbage Fee, Late Fees, and Reconnection Fees, Etc.*

☐ **Other Expense:** _____ Amount Due: \$ _____ Date Due: _____
Provider: _____ Phone Number: _____ Email: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

☐ **Other Expense:** _____ Amount Due: \$ _____ Date Due: _____
Provider: _____ Phone Number: _____ Email: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

☐ **Other Expense:** _____ Amount Due: \$ _____ Date Due: _____
Provider: _____ Phone Number: _____ Email: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <input type="text"/> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► <input type="text"/>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <input type="text"/> Exemption from FATCA reporting code (if any) <input type="text"/> <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
or										
Employer identification number										
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.