

TAOS PUEBLO HOUSING AUTHORITY

2021 EMERGENCY RENTAL & UTILITY ASSISTANCE PROGRAM (ERUAP) APPLICATION

Taos Pueblo Emergency Rental and Utility Assistance Program

Taos Pueblo Housing Authority Emergency Rental and Utility Assistance Program (ERUAP) serves Taos County tribal members who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent. Program funding only covers residential rent and utility assistance for renters. The program does not cover mortgages or utility assistance for home owners.

- Are you a Taos Pueblo tribal member?
- Are you in need of rental and utility assistance for your primary residence, located in Taos County or Taos Pueblo?
- Is your household income less than or equal to the 80% MFI based on the chart below?

U.S. MEDIAN FAMILY INCOME LIMIT CHART*

Household Size:	1	2	3	4	5	6	7	8
Income:	\$44,744	\$51,136	\$57,528	\$63,920	\$69,034	\$74,147	\$79,261	\$84,374

*Households with an income that does not exceed 80% of median family income as defined by the Department of Housing and Urban Development (HUD) are eligible. That means a \$63,920 annual income for a family of four is eligible for assistance.

- Are you late or expect to be late on your payments, such as:
 - Past due rent and/or utility notice(s)
 - Eviction notice
 - Unsafe/unhealthy living conditions
 - Loss of income or any other evidence of risk
- Has anyone in the household experienced any of these financial impacts related to COVID-19?
 - Reduction/loss of income, increased expenses, qualified for unemployment benefits.
- Applicant must currently be on a lease, recipients of other private or public (federal or state) subsidized rental assistance programs (such as Section 8 or project-based voucher assistance, a housing choice voucher, or public housing) may apply;
- Proof of financial hardship due directly or indirectly to the COVID-19 pandemic is also required. This could be proof of unemployment insurance or loss of income, or other financial hardship that threatens the household's ability to pay rent.

Funding for this program has been allocated to the Taos Pueblo Housing Authority through the U.S. Department of Treasury from the Consolidated Appropriations Act, 2021. This program expires September 30, 2022.

Policy

a. Eligibility

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

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

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 AMI are to be prioritized for assistance.

COVID-19 related economic impact includes loss of job, reduced hours, reduced tips, or increased childcare or medical expenses.

Depending on funding availability, the program can provide funding for:

- Past due rent & utilities. Utilities include: internet and reconnection fees, electricity, water, sewer, and home energy costs, such as natural gas and propane.
- Future rent & utilities in three month increments with recertification of eligibility every 90 days.
- A total of 12 months of assistance (past due & future payments combined).

Rental or utility assistance provided to an eligible household should not be duplicative of any other federally funded assistance provided to such household. Applicants may have past due rent and/or utilities. Please note that the Taos Pueblo ERUAP must provide funding to address past due rent before it can provide prospective rent payments.

Applicant income is determined with 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.

b. 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 or utility arrears before the household may receive assistance for future rent or utility 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.

In general, it is preferred those funds 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. As part of its duty as a grantee, Taos Pueblo will outreach to obtain the cooperation of landlords and utility providers to accept payments from ERUAP. Assistance is available for Tribal members renting within Taos County.

² August 25, 2021 Emergency Rental Assistance FAQ #26 May rental assistance be provided to temporarily displaced households living in hotels or motels?

c. Application Process

An application for rental or utility assistance may be submitted by either an eligible household or by a landlord or utility provider on behalf of that eligible household. Applicants must apply through programs established by Taos Pueblo Housing Authority. If you have any questions, please call us at: (575) 737-9704.

T.P.H.A. will begin accepting applications on July 9, 2021. Applications will be accessible by the following means:

- T.P.H.A. website – taospueblohousingauthority.org (download application)
- Social media, via download from the “Taos Pueblo Housing Authority 2021” Facebook page
- Faxed to applicant
- Mailed as requested by applicant
- Taos Pueblo - Emergency Management Team (EMT) Facebook page (download application)

d. Return Completed Applications

Applications/documents may be returned by the following means:

- Fax to: Taos Pueblo Housing Authority at (575) 737-9664
- Electronic Copy, via email to: erap@taospueblo.com (Attn: Carolyn Collins)
- Mail to: TPHA – P.O. Box 2570 - Taos, NM 87571
- Drop Box: At the TPHA Housing office, 925 Spider Rock Rd. Taos Pueblo. Drop box is located on the wall near the (right side) of the front entrance door.

e. Information/Documentation Required for Processing

The following information/documents are required for the application to be complete. Any missing documents will result in an incomplete application and will not be processed. Applicants should gather the following required documentation:

- Head of Household Tribal ID
- Social Security Numbers of all Household Members
- Date of Birth for all Household Members
- Proof of Income for all family members over the age 18 (if unemployed – form is available from Housing for self-attestation of income).
- Rent/Landlord – A signed rental/lease agreement
- Landlords and utility providers must submit a W-9 to us to get paid directly
- Utilities (current utility bill) corresponding with rental address & head of household
- Eviction notice or demands for payment indicating rental arrears amount
- Documentation of income (check stubs, unemployment statement, child support printout, W2s and 1099s from 2020 or 2021, etc.).
 - Form is available from Housing for self-attestation of income.
- Contact information for the landlord or utility provider
- Documentation of the COVID-19 related economic impact (unemployment statement, termination letter, letter from employer regarding reduced hours, sufficient check stubs to document reduced hours, virtual learning school documentation coupled with childcare statement, medical bills for COVID-19 related illness etc.).

Procedure

a. Step 1

Complete the application in its entirety. If you need to leave an area blank, please indicate: N/A. If you need application assistance, please call Taos Pueblo Housing Authority to schedule an appointment with a program representative. (575) 737-9704

b. Step 2

A program representative will contact applicants, to continue the application process. Ineligible applicants will receive notice by mail. For rental applicants: the tenant and landlord may need to submit additional documentation to determine final eligibility.

c. Step 3

If your application is approved, rental payment(s) and/or utility assistance will be sent for funding approval, followed by direct payment to the landlord or property owner, or the applicant, when applicable.

Taos Pueblo Housing Authority
Emergency Rental and Utility Assistance Program
Application and Intake Form

Last Name: _____ MI: ____ First Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address- *if different from physical address:*

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Email: _____

Do you live in Taos County? Yes _____ No _____

Are you a Taos Pueblo tribal member? Yes _____ No _____ Tribal ID #: _____

Please check the type of assistance you need help with:

- Rental Assistance - Amount: _____
- *Rental Arrears - Amount: _____ How many months? _____
- Utility Assistance- Amount: _____
- Utility Arrears-Amount: _____

*Attach past due notification(s).

Rental Housing Type: Apartment Mobile Home House Other: _____

Section 1: Assistance Information

Taos Pueblo Housing Authority Emergency Rental and Utility Assistance Program (ERUAP) serves eligible persons who, because of the COVID-19 emergency, now lack sufficient income or resources to pay rent.

Please indicate what circumstance applies by checking the applicable box below:

- Required to be quarantined based on a diagnosis of COVID-19.
- Required to self-quarantine based on a health order of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity.
- Required to self-quarantine based on age over 65 or health condition that places him/her at enhanced risk for COVID-19.
- Suffered a substantial loss of Income from COVID-19, including:
 - Job loss;
 - Reduction in compensation;
 - Closure of place of employment;
- Obligation to be absent from work to care for home-bound school-aged child; or
- Other pertinent circumstances:

- Experienced a large unexpected medical cost related to COVID-19.

Briefly explain or clarify your reduction of income or unexpected medical costs. If suffering a reduction of income due to reduced employment income, list the name(s) of employer or other source(s) of lost /reduced income:

Required Documentation:

- Attach a notice or email from your employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to COVID-19.
- If you are unable to pay your rent due to an unexpected medical cost, attach the medical bill.
- List any permanent or temporary rental assistance that you currently receive.

If your rental assistance request is based on income, please state whether you have let the landlord know that your income has changed by asking for an adjustment of your rent (interim recertification) and the outcome of that application (whether your rent was adjusted).

Please list any emergency rental or utility assistance that you have applied for and the outcome of that application (whether you received assistance).

Section 2: Household Information

Please list all the persons residing in your household. The first line is for the Head of Household (HoH).

	Last Name	First Name	Gender	Relation to HOH	DOB Date of birth	Full Social Security Number	Tribal Member Y/N
HOH							
2							
3							
4							
5							
6							
7							
8							

Do any of the above members of the household have one of the following disabilities? If yes, check the box and note which household member using the household number from the first column of the chart above. Choosing not to share information about disability will in no way impact eligibility for assistance.

- Alcohol abuse: If yes, household member number(s): _____
- Chronic health condition: If yes, household member number(s): _____
- Developmental: If yes, household member number(s): _____
- Drug abuse: If yes, household member number(s): _____
- HIV/AIDS: If yes, household member number(s): _____
- Mental health problem: If yes, household member number(s): _____
- Physical: If yes, household member number(s): _____

Section 3: Household Income

Taos Pueblo must have a reasonable basis under the circumstances for determining income. This requires documentation from the applicant to support the determination of income, such as paystubs, W-2s or other wage statements, bank statements demonstrating regular income, or an attestation from an employer.

Required Documentation: Attach the last 30 days of pay stubs for all adults age 18+, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income.

If you are self-employed, please complete the Self-Income Certification form- Attachment A. If you have zero Income, please complete the Zero Income Certification form- Attachment B.

#	(A) Gross (before taxes) Employment or Wages (including overtime, bonuses, commissions & tips)	(B) Social Security, Retirement or Disability Benefits	(C) Unemployment, TANF or other Public Assistance	(D) Other Income
HOH				
2				
3				
4				
5				
Total				
Add totals from (A) through (D) above. Total Income:				

Section 4: Household Assets

Taos Pueblo must have a reasonable basis under the circumstances for determining income. This requires documentation from the applicant to support the determination of readily available assets, such as the total of any monies in banks, credit unions, certificate of deposit, and cash on hand for all members of the household. The first line is for the Head of Household (HoH).

#	(A) Checking Account	(B) Savings Account	(C) Money Market(s) or CD(s)	(D) Cash or Other Liquid Assets
HOH				
2				
3				
4				
5				
Total				
Add totals from (A) through (D) above. Total Assets:				

Section 5: Additional Questions (Please fill out the following questions)

1. Are any of the adults in the household a veteran? ____ Yes ____ No
 - If yes, please list adult(s) with veteran status: _____

2. Do you have a history of homelessness? ____ Yes ____ No
 - If **yes**, please continue with questions **3-7**.
 - If no, please skip questions 3-7 and sign on the next page.

3. Prior Living Situation:
 - Emergency Shelter
 - Sub Abuse Facility
 - Home Ownership
 - Transitional Housing
 - Hospital or Medical Facility
 - Staying w/ Family
 - Permanent Housing for Homeless
 - Jail/Prison
 - Staying w/ Friends
 - Rental unit
 - Hotel/Motel
 - Other: _____

4. Approximately how long did you stay at your prior living situation?
 - 7 days or less
 - more than 7 days but less than 1 month
 - 1-3 months more than 3 months but less than 1 year 1 year or more

5. Approximate date homelessness started: _____

6. How many times have you stayed in a shelter, supportive housing, car or any other non-residential public place in the past 3 years including today?
 - One time
 - Two times
 - Three times
 - Four or more times
 - Never
 - I do not know

7. What is the total number of months you have stayed in a shelter, supportive housing, car, or any other non-residential public place in the past three years?
 - 1-12 months
 - More than 12 months
 - Never
 - I do not know

Section 6: Rent Information

The Rent Assistance section of the application allows you to provide contact information for your landlord, as well as the amount of monthly rent. Please complete the following:

___ Recent rent statement (must show name and address)

Monthly rent payment: \$ _____ Utilities included Utilities NOT included

List the day of the month when rent is due: _____

___ Rental Agreement/Documentation that shows rental arrangement

___ An eviction notice from your landlord, please attach a copy

___ Other related documentation _____

Landlord entity/name _____

Landlords Mailing Address: _____ City: _____ State _____

Phone: _____ Email: _____

Section 7: Utility Information

Electric Company: _____ Account # _____

Gas/Propane Company: _____ Account # _____

Water/Sewer Company: _____ Account # _____

Other: _____ Account # _____

Section 8: Certification and Authorization for Release of Information

- I certify that the information presented in this application is true and accurate to the best of my knowledge.
- I hereby authorize Taos Pueblo Housing Authority to obtain any and all information necessary for the purpose of verifying the information and statements submitted in this application for assistance.
- I certify that I have not already been provided rental or utility assistance, through the Taos Pueblo or any other federal, state or local source or any other program that duplicates the assistance requested in this application.
- I understand that knowingly providing false answers and information that is inaccurate, incomplete, and/or incorrect constitutes fraud and will result in denial or cancellation of assistance from the Taos Pueblo Housing Authority Emergency Rental and Utility Assistance Program.
- I authorize any individual or organization, any governmental or state agency, including, but not limited to courts, law enforcement agencies, landlords, past and present employers, Social Service program, utility companies, and unemployment and other benefit programs, to make available any documents or records to the Taos Pueblo Housing Authority Emergency Rental and Utility Assistance Program for inspection.

³Applicant's Signature

Date

APPLICATION STATUS (TPHA Use Only)

Denied: ___ Recommended: ___ by: _____ Reason: _____ Date: _____

Approved by: _____ Forward for processing to: _____ Date: _____

Date applicant informed of application status: _____ Phone Email Mail

2nd application for assistance Date: _____ 3rd application for assistance Date: _____

³ Public disclosure: Applicant may be a member of Tribal Council, TPH Board member or staff of TPHA.

ATTACHMENT A

Taos Pueblo Housing Authority
Emergency Rental and Utility Assistance Program
Self-Income Certification Form

Last Name: _____ MI: ____ First Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Name of Business: _____

Date Business Opened: _____

Type of Business: _____

Position / Occupation: _____

Tax ID #: _____

1. Past Net Monthly Income (average 3 months prior to COVID-19) \$ _____

2. Reduction of Net Monthly Income due to COVID-19 \$ _____

3. Attach supporting bank statements.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household Date

Signature of Additional Adult Household Member (if applicable) Date

ATTACHMENT B

Taos Pueblo Housing Authority
Emergency Rental and Utility Assistance Program
Zero Income Certification Form

Last Name: _____ MI: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. I hereby certify that my household does not receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental Income from real or personal property.
 - d. Interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (direct sales, online sales, etc.).
 - j. Any other source not named above.

2. My household currently has no income of any kind and there is no imminent change expected in my financial status or employment status.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household Date

Signature of Additional Adult Household Member (if applicable) Date

Emergency Rental Utility Assistance Program (ERUAP)

OFFICE USE ONLY

Applicant name: _____

Application received: Date: _____ Time: _____ By TPHA staff member: _____

TPHA received the following documentation:

- Head of Household Tribal ID
- Landlord W-9, if applicable
- Signed rental agreement by owner AND tenant, if applicable
- Current utility statement(s), if applicable
- Proof of income for all family members over the age 18 (if unemployed – complete Attachment B - Zero Income Certification Form).
- Documentation of the COVID-19 related economic impact (unemployment statement, termination letter, letter from employer regarding reduced hours, sufficient check stubs to document reduced hours, virtual learning school documentation coupled with childcare statement, medical bills for COVID-19 related illness etc.) If applicable.

<u>Assistance Requested</u>	<u>Amount</u>	<u>Recommended by/Date</u>	<u>Approved by</u>	<u>Date Approved</u>

Household Eligibility:

- Unemployed for 90 days prior to application
- Income at or below 80% of the median family income
- Housing insecurity
- Disability
- Veteran

Household Income Eligibility:

Applicant Gross Annual Income: _____ 2021 U.S. Median Family Income: _____
 Denied: __ Recommended: __ by: _____ Reason: _____ Date: _____

Notes and/or comments about this application: