

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

**NAVAJO HOUSING AUTHORITY
COVID-19 EMERGENCY RENTAL ASSISTANCE
PROGRAM APPLICATION**

Applicant Information

Name: _____ Date: _____
(Last) (First) (MI)

Date of Birth: _____ Tribal Enrollment No.: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____ Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____ Email: _____

General Information

- Are you or is a member of your household a member of an Indian tribe? ____ Yes ____ No
If yes, name of Tribe: _____
- Do you rent the home in which you are living? ____ Yes ____ No
- Have you or any member of your household applied for Emergency Rental Assistance through the State, another Tribe, or any other source? ____ Yes ____ No

Household Member Information:

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

Income Verification

Below, provide information on either the total annual income of your household for calendar year 2020 or your total household monthly income.

1. **Annual income** of household: \$ _____
 - a. Applicant must attach and submit a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020.
2. **Monthly income** of household: \$ _____
 - a. Applicant must submit sufficient confirmation of the household’s monthly income at the time of application for at least the two months prior to the submission of this application.

Financial hardship

- Do you or any individual in your household qualify for unemployment benefits? Yes No
 - a. 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 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.
 - a. 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 showing decrease in income; email/letter showing notification of unemployment/reduction in hours, 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.
 - 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, add any other evidence of risk).
 - b. If you checked any of the boxes above, please describe the details of your housing instability:

Additional Requirements

- 1. Applicants must sign a release of information form allowing the Navajo Housing Authority to verify any and all information required to participate in the COVID-19 Emergency Rental Assistance Program.
- 2. For each additional month that applicants seek Financial Assistance under the ERA Program, they must submit information and documentation for the rent and utility costs for that month and prospective months for which they seek assistance.

Applicant Acknowledgements

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.

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 the Navajo Housing Authority of any 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 Navajo Housing Authority and/or the Navajo Nation determines it is appropriate to do so.

APPLICANT SIGNATURE

DATE

Application Received by Navajo Housing Authority:

NHA ERAP STAFF Name (Print)

TITLE

NHA ERAP STAFF MEMBER SIGNATURE

DATE

OFFICIAL USE ONLY	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____ _____ _____ _____
Area Median Income:	_____
County:	_____
Date Communicated to Applicant:	_____
NHA ERAP Staff Signature:	_____
ERAP Supervisor Signature:	_____
ERAP Program Manager Signature:	_____

NAVAJO HOUSING AUTHORITY
COVID-19 Emergency Rental Assistance Program
Application Checklist

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

For all Applicants:

- 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 (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)
or
 - Monthly received in the last 60 days (2 months)
- Release of Information Form

Submit the following documentation if applicable:

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email 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
- 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

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.