

PUYALLUP TRIBE OF INDIANS ERAP
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

FOR OFFICIAL USE
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

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: _____	Phone: _____	
Mailing Address: _____	City: _____	State: _____
Zip: _____	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, 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).

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: _____

5. **Type of Utility:** _____ Amount \$ _____
Utility Provider: _____ Phone Number: _____

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

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.)

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

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.)

[Insert expense type] Payment due:

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

[Insert expense type] Payment due:

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

[Insert expense type] Payment due:

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

Applicant Acknowledgements

TO THE APPLICANT: By signing this Form, you are certifying that you have not already received 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 PTOI ERAP 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 PTOI ERAP determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I understand that PTOI ERAP is relying on these representations and commitments as the basis for providing the assistance requested.

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

Form Received by PTOI ERAP

STAFF MEMBER SIGNATURE

DATE

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

COVID-19 Emergency Rental Assistance Program Form Checklist

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