Multnomah County Intellectual & Developmental Disabilities

2021/2022 Funding INTAKE FORM

COVID-19 Emergency Rent Assistance Program: ERAP-2

Person in Services with Application Date: Case Manager Name:		o. IDD:					
Case Management Ager	псу:	Mult. Co. IDD	CPI	Inclusion	INW	UCP-C	UCP-M
1. Eligibility Criteria (al	II criteri	ia must be met in <u>e</u>	either Section	on 1 <u>OR</u> Section	2 below)		
Section 1: If household □ Resident of Multnom □ 80% or below area m □ COVID-19 Impacts *See COVID-19 Impacts	ah Cou nedian i	unty income (AMI) bas	_		up to 9 mo	onths of assi	istance.
Section 2: If househol ☐ Resident of Multnom ☐ 50% or below area m or household memb ☐ COVID-19 Impacts *See COVID-19 Impa	ah Cou nedian i er uner	unty income (AMI) bas mployed for at leas	ed current	income,			sistance.
*Covid-19 Impact (Must meet one criteria in Impact #1 and one criteria in Impact #2)	or One incurred corona Impac	ne or more individured or more individured significant costs avirus pandemic et #2	ials in the t s, or exper ials in the t	nousehold experienced other fin	erienced a cancial hard constrate ris	reduction in h dship due, dire	oenefits ousehold income, ectly or indirectly, to the cing homelessness cing housing instability

2. Verification of Income Eligibility

Barrier		80% Area Median Income				
Based on current income:	Household Size	80% Median	Household Size	80% Median		
☐ 51% to 80% AMI	1	\$54,150	5	\$83,550		
	2	\$61,900	6	\$89,750		
☐ 31% to 50% AMI	3	\$69,650	7	\$95,950		
	4	\$77,350	8	\$102,150		
□ 30% AMI or below						
		50% Area	a Median Income			
Total # of household	Household Size	50% Median	Household	50% Median		
members occupying	1 louseriold Size	JU /0 IVICUIAII	Size	30 /6 IVICUIAII		
the unit =	1	\$33,850	5	\$52,250		

2

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3	\$43,550	7	\$60,000		
4	\$48,350	8	\$63,850		
30% Area Median Income					
Household Size	30% Median	Household Size	30% Median		
1	\$20,300	5	\$31,350		
2	\$23,200	6	\$33,650		

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\$38,700

\$26,100

\$29,000

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\$56,100

\$36,000

\$38,300

Verification of Income:

- Use current monthly income of all adult household member to calculate annual income (monthly income x12).
- To be eligible, annual household income must be below 80% AMI as outlined in the tables on page 1.
- When calculating income, the following sources of income must be included. (Please refer to HUD Exhibit 5-1 for detailed list of sources of income to include and exclude when calculating monthly and yearly income)
 - a. Full amount of wages and salaries, commissions, fees, tips, bonuses, and other compensation
 - b. Net income from operating a business or profession
 - c. Interest, dividends, and other net income
 - d. Periodic payments such as social security, annuities, insurance, retirement funds, disability benefits, etc.
 - e. Unemployment, disability worker's compensation
 - f. Welfare assistance
 - g. Alimony or child support
 - h. Armed forces pay

Step 1:

- 1. List all income sources for the from the last 30 days in the table below (do not include food stamps/SNAP)
- 2. Collect documentation verifying income amounts.
 - a. Acceptable documentation: Refer to addendum 1 on the last page of this intake form for a full list of acceptable documentation. Forms of documentation may include photocopies or digital photographs of documents, e-mails, or attestations from employers, or landlords.
- 3. Alternate method of income eligibility: Household can be determined income eligible based on 2020 annual income.
 - a. The following are acceptable documentation: tax return, W-2s, tax filings or attestation from employer.
 - b. Divide annual total's by 12 to adapt figures to the monthly income section in the recording sheet below
- 4. Zero Income: If any adult is without income, complete one line in the table indicating no income. There should be at least one line for each adult member of the household.

Income Source	Income Earner	Monthly Income Amount	
Total Monthly Income:			

Annual Income = (monthly income x 12)

Step 2: Compare annual income to eligibility table on previous page to determine eligibility.

Documentation of Income: Applicant must submit documentation to verify income for adult household members (except SNAP/food stamps). Refer to Addendum 1 at the end of this document for a list of acceptable documentation.				
Yes No - Written Verification for all household income will be submitted with this Intake Form If any income documents are not readily available applicant may be eligible to provide self-certification below.				
Self-certification of Income Eligibility Option Reassessment Must Occur Every 3 Months				
Household is unable to provide documentation due to:				
□ Accommodation for disability □ Lack of Technological Access □ COVID-19 Extenuating Circumstance Describe reason why documentation is not available: Explanation is required.				
***If the household is unable to provide documentation due to one of the reasons listed above, the household may be able to self certify income if they live in a census tract with average incomes in the eligibility range. You will be notified upon review of your application if you qualify for this method of self certification of income.				
3. Verification of COVID-19 Impact #1 Eligibility Criteria				
Impact #1: One or more individuals within the household has qualified for unemployment benefits or One or more individuals within the household experienced a reduction in household income, incurred significant costs or experienced other financial hardship during the pandemic, due directly or indirectly, to the coronavirus pandemic If qualifying under the unemployment benefits criteria, complete the table below and collect documentation to verify. Date Unemployed: Date Unemployed:				
Unemployment Benefit Application Date: Unemployment Benefit Qualification Date:				
If qualifying under the reduction of income/financial hardship criteria, complete the below self-certification below.				
Self-certification of reduction in household income, incurred significant costs, or experiencing other financial hardship during the pandemic, due directly or indirectly, to the coronavirus pandemic.				
Household is attesting that due, directly or indirectly, to the coronavirus pandemic they have experienced:				
□ Reduction in household income □ Incurred significant costs □ Experienced other financial hardship				
Describe: Explanation is required.				

4. Verification of COVID-19 Impact #2 Eligibility Criteria
 Impact #2 □ One or more individuals within the household can demonstrate a risk of experiencing homelessness or □ One or more individuals within the household can demonstrate a risk of experiencing housing instability
* If the household has rental arrears, then the completed Agreement to Accept Rent Assistance form is sufficient for documentation and the rest of section 4 can be skipped.
Identify and collect documentation if a member of the household has experienced an increased risk of homelessness or housing instability since April 2020 due to the COVID-19 pandemic as a result of any of the following: Nonpayment of Rent Notice Document showing that utilities paid to the landlord are overdue
 Note or email from landlord about unpaid money Court documents (eviction related or restraining order) Note from roommate showing that they are doubled or tripled up Documentation of unsafe or unhealthy living conditions such as pictures or communication with the landlord about needed repairs
 Letter from case worker, domestic violence advocate, lawyer, or medical professional about substandard housing Letter from worker, domestic violence advocate, lawyer, or medical professional about risk of homelessness or housing instability
If documentation is not immediately available, then complete the table Self-certification below.
Self-certification of increased risk of homelessness or housing instability since April 2020
Household is attesting that due, directly or indirectly, to the coronavirus pandemic they have experienced: Risk of eviction Risk of lease termination Unable to pay rent Unable to pay utilities Unsafe or unhealthy building conditions such as inoperable or undependable utilities such as heat, electric, and water; the presence of mold; or a rodent or insect infestations Unsafe or unhealthy living conditions such as domestic violence. Other, describe below: Describe:
5. Verification of rental agreement and rent/rent arrears owed
Verification of rent payment amount is required.
Is a lease or rental agreement available?
☐ Yes – (if yes, submit a lease or rental agreement with the application that includes the address of the rental unit and amount of monthly rent)
□ No – (if no, provide alternative documentation verifying tenant names, address of rental unit and amount of monthly rent – evidence may include bank statements, check stubs, or other documentation that reasonably establishes a pattern of paying rent)

Verification of Rent Arrears is required.					
Is documentation of rent arrears or rent past due	available?				
Yes – (if yes, submit documentation with the application that includes the name of the renter, address of the rental unit, and rent arrears and rent owed by month [not a lump sum])					
\square No – (if no, please explain below the barriers to options regarding how to move forward)	obtaining this information	below and staff will re	spond with		
6. Eviction Notice for Non-payment of Rent					
Has the household received an eviction notice for no	n-payment of rent?				
☐ Yes (if yes, submit a copy of the eviction notice wi		□ No			
7. Head of Household Information					
Name (First and Last)		Phone Number			
Current Address					
New Address if moving					
Email Address:					
Landlord Information (to send payment) – not requ	ired if Renter requesting	direct payment (section	n 5)		
Business Name Phone Number					
Mailing Address					
Email Address		Contact Person			
8. Assistance Requested					
Do you receive Section 8 or any other Housing A		□ Yes □ No			
If Yes, what is your portion (the tenant portion) or Monthly Rent Amount (including rent subsidy paid					
Have you previously received ERA-1 rent assista		it is 40 months of FF	DAD 4 and EDAD 2)		
If Yes, how many months of assistance? (maximum limit is 18 months of ERAP 1 and ERAP-2) Rent Payment Type					
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COVID-19 Emergency Rent Assistance Program: **ERAP-2**

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Notes:	Total Amount	Requested:	
9. Signature and Self-Attestation			
"I certify that the information on this intake form is true not received rental assistance due to COVID-19 for addition, I consent to the release of information in the reporting or compliance purposes."	the same month(s) from a	different organization (or program. In
Client Signature		Date	
Case Worker/Agency Staff Signature		Date	
Case Worker/Agency Staff Contact Info: Email		Phone	e

Addendum 1:

Documentation Requirements

Once a household is determined eligible for assistance, the following materials are required to be submitted as part of the application. **There is no citizenship requirement to be assisted with these funds.**

1. VERIFICATION OF INCOME

(Adult household members must provide **ONE** of the following for each form of income)

- Most recent paycheck stubs
- A letter of termination from your job
- Employer-generated salary report or letter stating current annual income or Earnings statements
- Current bank statements showing direct deposit of income and/or benefits
- Proof of application for unemployment benefits
- Proof that unemployment benefits have expired
- Self Employed tax records, statements, or other documentation of loss of employment
- Benefits eligibility letter from a government program, including <u>award letter</u> (TANF, SSI, other benefits)
- 2020 tax return forms (such as a 1099, 1040/1040A or Schedule C of 1040)
- 2020 W-2 form

Selfcertification is acceptable in the following circumstances:

- Household lives in census tract with average 2020 median income at or below eligibility threshold (Housing Specialist will confirm if household qualifies under this option)
- Necessary as reasonable accommodation for a person with disabilities
- Necessary due to extenuating circumstances related to pandemic or lack of technological access

2. LEASE / RENTAL AGREEMENT OR OTHER PROOF OF RENT DUE

Provide a current lease or rental agreement signed by the applicant and landlord or sub-lessor that identifies the unit where the applicant resides and shows the rental payment amount.

If a signed lease is not available, proof of rent due may include one of the following:

- ERAP-1 Agreement to Assign Rent Assistance Form
- Another source of written confirmation by a landlord who can be verified as the actual owner or management agent of where you rent
- Landlord Verification of Rent Due. Form available upon request.
- If landlord refuses to sign you may submit a Self-Verification of Rent Due form. Form available upon request.