



# Application for Covid-19 Emergency Rental Assistance Program (ERAP)

For Full and Adoptive Eklutna Tribal Members

*This information is confidential. General or un-identifying statistics may be collected for reporting and budgeting.*

**Applicant Name:** \_\_\_\_\_  
**Applicant Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Phone:** \_\_\_\_\_ **Applicant Email:** \_\_\_\_\_  
**Applicant SSN:** \_\_\_\_\_ **Tribal Member Status:**  Full Tribal Member  
**Number in Household:** \_\_\_\_\_  Adopted Tribal Member  Legal Guardian

Please provide proof of family relationship and guardian status.

**A. List names of each household member, birthdate, and relationship to you.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. PROOF OF INCOME:** To meet the “Financial Need” qualification, you must submit proof of income documents for yourself. Examples include paystubs, documents from social security, public assistance, unemployment, permanent fund, ANCSA corporation, employer, and tax records. Per ERAP guidelines, eligible applicants must be at or below 80% of the median income for the Area (using HUD income limits) and applicants whose income is 50% of the median income or lower will be prioritized. *For other areas, check HUD/ONAP website.*

	2021 Median Family Income				\$93,900	ALASKA			
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	
<b>50%</b>	\$ 32,865	\$ 37,560	\$ 42,255	\$ 46,950	\$ 50,706	\$ 54,462	\$ 58,418	\$ 61,974	
<b>80%</b>	\$ 52,584	\$ 60,096	\$ 67,608	\$ 75,120	\$ 81,130	\$ 87,139	\$ 93,149	\$ 99,158	
<b>100%</b>	\$ 65,730	\$ 75,120	\$ 84,510	<b>\$ 93,900</b>	\$101,412	\$108,924	\$116,436	\$123,948	

	2021 Median Family Income				\$104,300	ANCHORAGE			
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	
<b>50%</b>	\$ 36,505	\$ 41,720	\$ 46,935	\$ 52,150	\$ 56,322	\$ 60,494	\$ 64,666	\$ 68,838	
<b>80%</b>	\$ 58,408	\$ 66,752	\$ 75,096	\$ 83,440	\$ 90,115	\$ 96,790	\$103,466	\$110,141	
<b>100%</b>	\$ 73,010	\$ 83,440	\$ 93,870	<b>\$104,300</b>	\$112,644	\$120,988	\$129,332	\$137,676	



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**Applicant Income:** \_\_\_\_\_ per month; \_\_\_\_\_ per year  
**Estimated Income, other Household Members:** \_\_\_\_\_ per month; \_\_\_\_\_ per year  
**Total Household Income:** \_\_\_\_\_ per month; \_\_\_\_\_ per year

**C. PROOF OF OTHER ASSISTANCE:** If you received other housing or financial assistance, provide details below. NVE may contact you for further information to ensure compliance with ERAP guidelines. If you need rental assistance and received rental assistance from another source, you must specify who paid, when, what the amount was, and for what month(s) it covered.

**D. ANSWER SURVEY:** ERAP funds must be used for necessary expenses to achieve housing stability. NVE has identified key allowable items. **Please mark or check all items you could use the funds for if more money were available.** This information will help identify what Tribal Members need most so the tribe can budget for and pursue additional funding.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Rent/Lease*       | <input type="checkbox"/> Trash Removal*        | <input type="checkbox"/> Water/Sewer/Refuge* |
| <input type="checkbox"/> Internet Service  | <input type="checkbox"/> Electricity*          | <input type="checkbox"/> Security deposit    |
| <input type="checkbox"/> Home Gas or Fuel* | <input type="checkbox"/> Other, specify: _____ |  |

Items marked with an asterisk (\*) will be prioritized.

**E. EXPLAIN WHY YOU NEED ASSISTANCE:** Check all boxes that apply to you.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lost Job / Need Job   | <input type="checkbox"/> Employer Business Closed                    | <input type="checkbox"/> Reduced Work Hours |
| <input type="checkbox"/> On unemployment   | <input type="checkbox"/> Internet or Phone needed for School or Work | <input type="checkbox"/> Rising prices      |
| <input type="checkbox"/> Increased costs due to COVID-19 <input type="checkbox"/> Income reduction due to COVID-19 events or Quarantine. |  |   |

**F.** Every person has a different story and experience. The check boxes above only cover common impacts and does not include every situation. **In your own words**, please describe how the pandemic (COVID-19) caused you hardship and why financial assistance is a necessary response.



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- G. Your ERAP assistance from NVE may not exceed three months.** If you require additional assistance, eligibility must be re-reviewed every three months. Total assistance may not exceed 12 months, unless necessary to ensure housing stability.
- H. Payments will be made directly to landlords and utility providers.** Please list the name, address, and phone number for each landlord and utility provider you would like to receive payments. You must attach a copy of your lease, bill, invoice, shut-off or past due notice, or other proof of expenses.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Your Name:** \_\_\_\_\_

## FOR NATIVE VILLAGE OF EKLUTNA OFFICIAL USE ONLY

Date Application Received: \_\_\_\_\_ by: \_\_\_\_\_ **3-Business-Days Response Required**

Date Application Reviewed \_\_\_\_\_ by: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does the application include all the necessary backup documents? \_\_\_\_\_

Does the applicant meet income eligibility? \_\_\_\_\_

What are the **reasons for ineligibility**? \_\_\_\_\_

Has the applicant adequately documented COVID impact? \_\_\_\_\_

Dates of follow up with applicant: \_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

\_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

\_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

\_\_\_\_\_ Approved:\_\_\_ Delayed:\_\_\_ Denied:\_\_\_

**NOTE PAYMENTS MADE IN FILE:** Date, Credit Card Charge, Check Number, Payee, Amount