



117 North T St.
White Cloud, Kansas 66094

The Housing Authority of the Iowa Tribe of Kansas and Nebraska applied for an Emergency Rental Assistance Grant through the Department of Treasury and was awarded \$653,194 to help Tribal members that have been affected by Covid-19 pay their rent and utilities. The policy and procedures, along with the application can be picked up at the Housing office or by going to the Iowa Tribe of Kansas and Nebraska website where it can be downloaded and printed off. All applications will need to be returned to the Housing Authority office. HUD income limits apply to this program. You have to be at or below 80% of the medium income to qualify. Those that fall at 50% or below will have priority. Please make sure all questions are answered or the application will be returned to you as incomplete. If you are a Tribal Member or if you live in a Tribally owned unit you are eligible to apply. This is for RENTAL units only. If you have any questions call the Housing office at 785-595-3380.

HOUSING AUTHORITY OF THE IOWA TRIBE OF KANSAS & NEBRASKA EMERGENCY RENTAL ASSISTANCE PROGRAM POLICY & PROCEDURE

I. INTRODUCTION

The primary objection of the HA of the Iowa Tribe of Kansas and Nebraska Rental Assistance Program is to ensure low-income residents remain steadily housed as the economic fallout from the coronavirus pandemic continues. The COVID-19 relief package provides States, Tribes, and other jurisdictions with flexibility in the evidence they require for applicants.

Unless specific guidance is provided by the U.S. Treasury, Emergency Rental Assistance Programs should use a broad definition of housing instability to avoid creating a narrow window of eligibility that can preclude renters from eligibility.

Policy and procedure must be in place to enable the HA of the Iowa Tribe of Kansas & Nebraska to assist households that are unable to pay rent and utilities due to the COVID-19 Pandemic. Therefore, the following procedures shall be adopted to ensure prompt monthly payments are made to vendors, i.e., utility companies and landlords to ensure compliance with the E-RAP Policy.

II. PURPOSE AND APPLICABILITY

- A. The purpose of this "Emergency Rental Assistance Program Policy" (E-RAP Policy) is to establish guidelines for application and processing of eligible rent and utility payments for households under the E-RAP Program.
- B. The goal of this Policy is to "keep families in their homes," to ensure the compliance with U.S. Treasury Department regulations, while providing for the safety and wellbeing of residents and promoting fairness and due process. This Policy shall apply to residents that have lease agreements or month to month tenancy agreements. Mortgage or Contract of Sales Agreements (CSA) are not eligible.
- C. To be eligible, a household must be obligated to pay rent on a residential dwelling and it must be determined that:
 - One or more individuals within the household has qualified for unemployment benefits and/or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
 - One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
 - The household has a total income at or below 80% of area median income.
- D. 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 arrears before the household may receive assistance for future rental payments. Once a household's 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. All assistance is contingent upon Grantee funding availability.

- E. RE-Evaluation: The status of an approved household's income and hardship situation will be re-evaluated every 3 months. Households who receive assistance through this program must notify the HA of the Iowa Tribe of Kansas and Nebraska if they get a job, income is restored, or the hardship by the COVID-19 pandemic is resolved.

III. DEFINITIONS

- A. RESIDENT: the person, who has signed the lease/Rental Agreement and who, with their immediate family, resides in the unit or home.
- B. FAMILY: may consist of one or more persons in the household.
- C. PAYMENT/RENT: the monthly amount owed by the resident to the Landlord as determined through the resident's lease/Rental Agreement. The term determined "Rent" means the tenant's regular payment to a landlord for the use of property, dwelling, or apartment.
- D. LEASE/RENTAL AGREEMENT (Lease/RA): refers to the agreement executed by a resident and the Landlord allowing the resident to reside in a unit and which states the responsibilities of both parties.
- E. NOTICE OF TERMINATION: refers to the notice stating a resident has breached his/her Lease/Rental Agreement.
- F. PAYMENT OBLIGATIONS: refers to money owed to the Landlord by the resident such as monthly Lease/Rent payment.
- G. TERM OF ASSISTANCE: Begins **March 11, 2020** the day that the President announced the National COVID-19 Pandemic
- H. UTILITIES AND HOME ENERGY COSTS: Utilities and home energy costs are separately stated charges related to the occupancy of rental property. Accordingly, utilities and home energy costs include separately stated electricity, gas, water and sewer, trash removal, and energy costs such as fuel oil or payment to public utilities.
- I. OTHER EXPENSES: Other expenses related to housing and incurred due directly or indirectly due to COVID-19. Such expenses may include:
- Relocation Expenses which may include rental security deposits and rental fees such as application or screening fees if a household has been temporarily or permanently displaced due to COVID – 19 Outbreak;
 - Reasonable accrued late fees (if not included in rental or utility arrears and if incurred due to COVID-19)
 - Internet Services provided to the rental unit. Must be needed directly due to the COVID 19 Pandemic and must be necessary due to telework or distance learning for a member of the household.
- J. IOWA TRIBE OF KANSAS AND NEBRASKA: herein after referred to as the "Iowa Tribe."
- K. INCOME: Shall be determined as "annual income" as defined by HUD in 24 CFR 5.609

IV. REQUIREMENTS & PROCEDURES

A. APPLICANT ELIGIBILITY

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

1. Iowa Tribe of Kansas & Nebraska Member or reside on land owned by the Iowa Tribe or an entity of the Iowa Tribe of Kansas and Nebraska;
2. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs or has experienced a financial hardship, due to COVID-19;
3. Demonstrates a risk of experiencing homelessness or housing instability due to COVID-19 Pandemic
4. Household income must not exceed 80 percent of the area median income in which the resident is located.
5. All ERAP payments will be made directly to the Landlord, Utility or Other Service provider where at all feasible. Outreach to such persons for acceptance of payments will be considered complete if (i) a request for participation is sent in writing, by mail to the landlord or provider, and the addressee does not respond to the request within 14 calendar days after mailing; or (ii) at least 3 attempts have been made by phone, text, or email over a 10 calendar-day period to request the landlord’s or provider’s participation; or (iii) a landlord or provider confirms in writing that they do not wish to participate. The final outreach or notice to the landlord/provider must be documented.

Eligible household include Iowa Tribe of Kansas & Nebraska Members living on and off the Iowa Tribe Reservation or a Non Native Household that lives on the Iowa Tribe Reservation or land owned by the Iowa Tribe or an entity thereof. Rental assistance provided to an eligible household should not be duplicative of any other federally funded assistance provided to such household.

Eligible households that include an individual who has been unemployed (due to the Covid -19 Pandemic) for the 90 days prior to application for assistance and households with income at or below 50 percent of area median income for their location are to be prioritized for assistance.

Income eligibility is determined based on sufficient confirmation of the household’s monthly income at the time of application. The monthly income shall be extrapolated over a 12-month period to determine whether household income exceeds 80 percent of area median income. The household’s eligibility shall be redetermined every 3 months for the duration of assistance.

B. APPLICATION PROCESS

Households will submit applications with supporting documentation to the HA of the Iowa Tribe of KS & NE to be reviewed and approved by program staff.

1. Interested applicant must fill out HA of the Iowa Tribe of KS & NE Emergency Rental Assistance Program Application contained in Appendix 1.
2. The checklist in Appendix 2 should be reviewed and the applicable documentation attached to your application.

3. Applicant files application with the HA of the Iowa Tribe and attaches proof of hardship and items referenced on the Appendix 2 checklist.
4. Proof of lease/rental agreement in applicant's name, late notice, utility bill/shut off notice/or other expense notice of discontinuance. An eviction notice is not required for eligibility but will be considered a determining factor.
5. Applicant signs the release and has the necessary persons complete Appendix 3-6 as needed. Completed verifications are to be attached to application.

C. RESIDENTS OF FEDERALLY ASSISTED HOUSING

1. Applicants receiving HUD and USDA assistance (e.g., public housing, tribal housing, project based rental assistance, Housing Choice Voucher, formerly called Section 9, USDA – 521 rental assistance) experiencing a decline in income are to immediately request an income recertification from their landlord, or housing authority. An income recertification can occur when an assisted household experiences a change in income (for example a job loss or reduced work hours) to recalculate how much the household needs to contribute towards their rent. Assisted households experiencing a drop in income should request an income recertification as soon as possible to reduce the amount of rent owed, going forward.

D. INELIGIBLE ACTIVITIES

1. Rental Agreements and Lease Agreements which are not in the name of the applicant are not eligible for services.
2. Utility Bills/Other Expense Bills which are not in the name of the applicant are not eligible for services.
3. Delinquencies prior to the President's announcement of Covid-19 Pandemic on March 11, 2020 (account arrears) are not eligible for services.

E. APPEAL PROCESS

Decisions of the HA of the Iowa Tribe may be appealed by requesting a hearing before the Housing Authority of the Iowa Tribe Board of Commissioners. Applicants must submit their grievance in writing to the HA of the Iowa Tribe Office within three business days of notification of the decision. The written appeal shall be routed to the HA Board of Commissioners. All decisions rendered are final.

HOUSING AUTHORITY OF THE IOWA TRIBE OF KS & NE EMERGENCY RENTAL ASSISTANCE PROGRAM (E-RAP) APPENDIX 1

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Phone _____ Email _____

HOUSEHOLD COMPOSITION

FULL NAMES OF ALL MEMBERS	RELATION TO HEAD	Gender	DOB	TRIBAL AFFILIATION	TRIBAL ID	SOCIAL SECURITY NUMBER
1	HEAD					
2						
3						
4						
5						
6						
7						
8						
9						
10						

1. Do you qualify for unemployment or have you experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19? Yes No

a. What date did this begin? _____

2. Do you have a risk of experiencing homelessness or housing instability? Yes No

a. Describe the reason: _____

3. What is your total annual family income? \$ _____

4. Is your income at or below 80 percent of the area median income? Yes No

5. Do you rent? Yes No If yes, what is your monthly rental fee? \$ _____

6. Do you own your home? Yes No (note mortgages are not included in this program)

7. Have you received an eviction notice/letter regarding back rent or a utility shut off notice? Yes No

8. Do you live on the reservation or on Iowa Tribe of KS & NE owned property? Yes No

E-RAP APPLICATION

HA OF THE IOWA TRIBE OF KS & NE

9. Do you need utility assistance? Yes No

10. Have you recently received rental/utility assistance from another source? Yes No

11. Are you an enrolled Iowa Tribe of KS & NE Member? Yes No

.....
Please read before signing the application.

To receive services, you must qualify by meeting all eligibility requirements and program funding must be available.

WARNING: section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction. Offenders will be prosecuted to the fullest extent of the LAW.

APPLICANT CERTIFICATION:

I/We certify that the answers/information given on this application in reference to household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of E-RAP housing and utility assistant. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. INCOMPLETE APPLICATION WILL BE RETURNED.

CONCENT:

I hereby authorize and instruct the HA of the Iowa Tribe of Kansas & Nebraska to obtain and review my information. I consent to allow the HA of the Iowa Tribe of Kansas & Nebraska to obtain income/assistance information from the sources listed on this Application for the purpose of verifying my eligibility and level of benefits under the Emergency Rental Assistance Program.

My Signature below also authorizes the release of account information to and from other agencies in connection with such evaluation. I understand the processing of this application will require providing my information to the HA of the Iowa Tribe of Kansas & Nebraska.

Signature of Head of Household	Date	Social Security Number
Signature of Spouse/domestic partner	Date	Social Security Number
Family Member Age 18 or Over	Date	Social Security Number
Family Member Age 18 or Over	Date	Social Security Number
Family Member Age 18 or Over	Date	Social Security Number
Family Member Age 18 or Over	Date	Social Security Number
Family Member Age 18 or Over	Date	Social Security Number

**HOUSING AUTHORITY
OF THE IOWA TRIBE OF KS & NE
EMERGENCY RENTAL ASSISTANCE PROGRAM
(E-RAP) APPENDIX 2**

CHECKLIST

**WHAT YOU NEED TO ATTACH TO YOUR APPLICATION AT THE TIME OF YOUR
SUBMITTAL**

1. Income Verification from employment (Receipts for Cash payments or Check stubs, for at least 2 pay cycles)
2. Social Security/Disability Benefits
3. Unemployment Benefits
4. Alimony
5. Child Support
6. TANF (Temporary Assistance for Needy Families)
7. Welfare AFDC
8. Copy of Social Security Cards for each member of the household
9. Copy of CDIB Card
10. Copy of Court Document for Guardianship and/or Adopted members of household
11. Medical Certification of Handicap status for handicap member of household
12. Housing Choice Voucher Verification (Formerly called Section 8 Housing Assistance)
13. Rental Agreement
14. Utility Bill
15. Propane Bill
16. Affidavit of Homelessness
17. Landlord Verification (Appendix 3)
18. Utility Service Provider Verification (Appendix 4)
19. Internet Provider Verification (Appendix 5)
20. Employer Verification (Appendix 6)

Note: Failure to attach and disclose necessary information will result in disqualification of your ERAP application.

Contact information: For questions regarding the Emergency Rental Assistance Program contact:

Housing Authority of the Iowa Tribe of Kansas & Nebraska
117 North T Street
White Cloud KS 66094

Phone: (785) 595-3380

Email: iowatribehousing117@gmail.com

Fax: (785) 595-6666

**HOUSING AUTHORITY
OF THE IOWA TRIBE OF KS & NE
EMERGENCY RENTAL ASSISTANCE PROGRAM
(E-RAP) APPENDIX 3**

To be completed by Applicant

Tenant Name _____

Rental Address _____

I _____ hereby authorize the release of any information to the Housing Authority of the Iowa Tribe of Kansas and Nebraska regarding myself and all/any other persons included on my rental/lease agreement.

Tenant Signature

Date

LANDLORD VERIFICATION

Landlord Name: _____

Landlord Address: _____

Landlord Phone _____ Landlord Email _____

What is the current monthly rent charged for the unit listed above? _____

Does the rent amount listed above include any utilities? Yes No If yes, explain _____

Does the above Tenant currently owe any past due rent? Yes No If yes how much? _____

Please list a breakdown of the past due amount owed:

Rent \$ _____ what months? _____

Late Fees \$ _____ what months? _____

Other Charges \$ _____ explain _____

How many persons are listed as living in the rental unit? _____

Please attach any relevant paperwork to document the above amounts.

LANDLORD CERTIFICATION:

Please read before signing.

I understand that the primary objective of the HA of the Iowa Tribe of Kansas and Nebraska Rental Assistance Program is to ensure that low-income residents remain steadily housed as the economic fallout from the corona virus pandemic continues. I understand that the Emergency Rental Assistance Program is designed to make payments directly to the landlord where at all feasible. I attest that I have not received nor do I anticipate receiving any other subsidy for the rental amounts listed above. I certify that all information given to the ERAP Program is accurate and complete to the best of my knowledge and belief. I understand that false statements I give to the Emergency Rental Assistance Program may be punishable under Federal, State or Local Law. If I as a Landlord have issued an eviction notice to the Tenant listed above, I, as a Landlord agree not enforce and to withdraw the notice until such time as Tenant's eligibility for this program has been determined. If Tenant is not eligible for assistance, I, as the Landlord will need to issue an additional notice to proceed with any eviction. I further agree that, if being paid for future rent, I as a Landlord will allow Tenant to remain in the Property for the duration of time rent is pre-paid. I further agree to accept payment from the HA of the Iowa Tribe Emergency Rental Assistance Program if the application for the Tenant is approved.

Landlord – Printed Name & Title

Landlord Signature

Date

**HOUSING AUTHORITY
OF THE IOWA TRIBE OF KS & NE
EMERGENCY RENTAL ASSISTANCE PROGRAM
(E-RAP) APPENDIX 4**

Tenant Name _____

Rental Address _____

I _____ hereby authorize the release of any information to the Housing Authority of the Iowa Tribe of Kansas and Nebraska regarding myself and all/any other persons included on my rental/lease agreement.

Tenant Signature

Date

UTILITY/SERVICE PROVIDER VERIFICATION

Service Provider: _____

Address: _____

Phone _____

Email _____

What service do you provide to above listed unit? _____

What is the average monthly charge for the unit listed above? _____

Does the above Tenant currently owe any past due balance? Yes No If yes how much? _____

Has a disconnect notice been sent? Yes No If yes, when? _____

Please list a breakdown of the balance owed:

Current\$ _____ what month? _____

Past due \$ _____ what months? _____

Other Charges \$ _____ explain _____

Please attach any relevant paperwork to document the above amounts.

CERTIFICATION:

Please read before signing.

I understand that the primary objective of the HA of the Iowa Tribe of Kansas and Nebraska Rental Assistance Program is to ensure that low-income residents remain steadily housed as the economic fallout from the corona virus pandemic continues. I understand that the Emergency Rental Assistance Program is designed to make payments directly to the Service Provider where at all feasible. I attest that I have not received nor do I anticipate receiving any other subsidy for the rental amounts listed above. I certify that all information given to the ERAP Program is accurate and complete to the best of my knowledge and belief. I understand that false statements I give to the Emergency Rental Assistance Program may be punishable under Federal, State or Local Law. If we as a service provider have issued a shut off notice to the Tenant listed above, we, as a service provider agree not to enforce and to withdraw the notice until such time as Tenant's eligibility for this program has been determined. If Tenant is not eligible for assistance, We, as the Service Provider will need to issue an additional notice to proceed with any disconnect. We further agree to accept payment from the HA of the Iowa Tribe Emergency Rental Assistance Program if the application for the Tenant is approved.

Printed Name & Title

Signature

Date

**HOUSING AUTHORITY
OF THE IOWA TRIBE OF KS & NE
EMERGENCY RENTAL ASSISTANCE PROGRAM
(E-RAP) APPENDIX 5**

Top portion to be completed by applicant

Tenant Name _____

Rental Address _____

I _____ hereby authorize the release of any information to the Housing Authority of the Iowa Tribe of Kansas and Nebraska regarding myself and all/any other persons included on my rental/lease agreement.

Tenant Signature

Date

INTERNET PROVIDER VERIFICATION

Provider: _____

Provider Address: _____

Provider Phone _____ Provider Email _____

Date Service Began _____

Has service been disconnected for nonpayment? Yes No If yes date of disconnect _____

What is the Tenants monthly charge for service? _____

Does the above Tenant currently owe any past due bills? Yes No If yes how much? _____

Please list a breakdown of the past due amount owed:

Current\$ _____ what month? _____

Past due \$ _____ what months? _____

Other Charges\$ _____ explain _____

Please attach any relevant paperwork to document the above amounts.

INTERNET SERVICE PROVIDER CERTIFICATION:

Please read before signing.

I understand that the primary objective of the HA of the Iowa Tribe of Kansas and Nebraska Rental Assistance Program is to ensure that low-income residents remain steadily housed as the economic fallout from the corona virus pandemic continues. I understand that the Emergency Rental Assistance Program is designed to make payments directly to the providers where at all feasible. I attest that I have not received nor do I anticipate receiving any other subsidy for the Internet Service amounts listed above. I certify that all information given to the ERAP Program is accurate and complete to the best of my knowledge and belief. I understand that any false statement I give to the Emergency Rental Assistance Program may be punishable under Federal, State or Local Law. If we as a Service provider have issued a disconnect notice to the Tenant listed above, to withdraw such notice until such time as Tenant's eligibility for this program has been determined. If Tenant is not eligible for assistance, we, as the Internet Service Provider will need to issue an additional notice to proceed with any disconnect. We further agree to accept payment from the HA of the Iowa Tribe Emergency Rental Assistance Program if the application for the Tenant is approved.

Printed Name & Title

Signature

Date

**HOUSING AUTHORITY
OF THE IOWA TRIBE OF KS & NE
EMERGENCY RENTAL ASSISTANCE PROGRAM
(E-RAP) APPENDIX 6**

To be completed by Applicant

Employee Name _____

Address _____

I _____ hereby authorize the release of any information to the Housing Authority of the Iowa Tribe of Kansas and Nebraska regarding myself and all/any other persons included on my rental/lease agreement.

Applicant Signature

Date

EMPLOYER VERIFICATION

Name: _____

Address: _____

Phone _____

Email _____

What is the start date of the employee listed above? _____

What is the current pay rate of the Employee listed above? _____

Has employee been furloughed, hours cut or permanently terminated due to the Covid-19

Pandemic? Yes No if yes, explain _____

Does the employee currently work from home due to the Covid-19 Pandemic? Yes No
If yes, does the employee require internet service in order to complete their duties? Yes No

Please attach any relevant paperwork to document the information listed above.

EMPLOYER CERTIFICATION:

Please read before signing.

I understand that the primary objective of the HA of the Iowa Tribe of Kansas and Nebraska Rental Assistance Program is to ensure that low-income residents remain steadily housed as the economic fallout from the corona virus pandemic continues. I certify that all information given to the ERAP Program is accurate and complete to the best of my knowledge and belief. I understand that false statements I give to the Emergency Rental Assistance Program may be punishable under Federal, State or Local Law.

Printed Name & Title

Signature

Date