



Emergency Rental Assistance

Assisting Households Impacted by COVID-19

Application Instructions and Checklist

Applications will be accepted until April 1st, 2022. Preference will be given to Tribal renter households who reside in the Bering Straits region. The application period and household eligibility requirements may be expanded, depending on available funds.

Please use this checklist to prepare and complete the application package. Be sure to gather and submit ALL required documents. Failure to do so will delay processing of your application. Funding is not guaranteed, and all documentation will be verified to determine eligibility.

- Completed Application Form** – Filled out completely, dated, and signed by ALL household members 18 years of age or older.
- Release of Information** – Signed and dated by ALL household member 18 years of age or older.
- Proof of Identification** – Photo ID (Government or State Issued) for all household members 18 years of age or older.
- Household Income Documentation** - Includes, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), unemployment letter(s), bank statements, 2020 Tax Returns, and/or documentation of any other household income received by all household members 18 years of age or older.
- Household COVID-19 Impact Documentation** – Includes, but is not limited to, a notice or email from your employer documenting a job loss, furlough, closure, reduction in hours, or other documentation that supports the impact your household has experienced due to COVID-19.
- Landlord Documentation** – Current lease agreement (if available), current statement (if available) and any late payment and / or eviction notices.
- Utility Documentation** - Current utility bills and/or statements, late payment notices and/or disconnect notices.
- Other Household Expenses Documentation** – Includes reasonable accrued late fees, (limited) internet service, relocation expenses, etc.

How do I submit my application?

Completed applications, including all required documentation, can be submitted by one of the following methods:

Email: era@bsrha.org

Fax: 1-907-443-8652

Mail: Bering Straits Regional Housing Authority
ERA Program
PO Box 995
Nome, AK 99762

Questions? Concerns? Need an application? Need assistance completing the application?

Help is a phone call away! Please reach out to one of the following team members and they will be happy to assist you:

ERA Program Coordinator
907-443-8608



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Eligibility Requirements

To be eligible for this program you must be an eligible renter household located in the Bering Straits region. Additionally:

1. *You or a member of your household must meet at least one of the following criteria (please check ALL that apply):*

- Qualifies for or is currently receiving unemployment benefits.
- Has been or is currently unemployed.
- Has lost income due to the COVID-19 pandemic.
- Has incurred significant costs due to the COVID-19 pandemic.
- Has directly or indirectly experienced financial hardship due to the COVID-19 pandemic.

2. *You or members of your household must demonstrate a risk of homelessness or housing instability. To do so, at least one of the following statements must be true (please check ALL that apply):*

- Has received a rental eviction notice.
- Has received past-due rent or utility notice(s).
- Is at an increased risk of exposure to COVID-19 due to overcrowding.
- Is delaying the purchase of essential goods / services to pay rent or utilities.
- Is relying on credit cards, payday lenders, or other high-cost debt products to pay for rent or utilities.
- Is depleting savings rather than using wages or other income to pay for rent or utilities.

3. *Your household income must be at or below 80 percent of the area median based on your household size. Household income includes wages, tips, etc. for all members of your household. Income levels vary and are based on your household size and the community you live in. Using the information provided below, is your household income level less than the maximum amount allowed for your household size?*

- YES NO

Alaska

Includes communities: Brevig Mission, Council, Diomed, Elim, Gambell, Golovin, King Island, Koyuk, Mary's Igloo, Nome, St. Michael, Savoonga, Shaktoolik, Shishmaref, Solomon, Stebbins, Teller, Unalakleet, Wales, and White Mountain

Number of Household Members	1	2	3	4	5	6	7	8
Maximum Income Limit	\$52,584	\$60,096	\$67,608	\$75,120	\$81,130	\$87,139	\$93,149	\$99,158

- If you answered "Yes", please proceed to *the Application for Assistance*.
- If you answered "No", or if you have any questions regarding the eligibility criteria listed above, ***please contact us and a member of our team will be happy to assist you. YOU MIGHT STILL BE ELIGIBLE!***



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Application for Assistance

Internal Use Only	
Date Received:	_____
Pool Number:	_____
Pool Date:	_____

Section 1: Applicant Information

Last Name: _____ MI: _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Please select all that apply:

Race: Alaska Native / American Indian Asian Black or African American White or Caucasian
 Native Hawaiian or Other Pacific Islander Other

Ethnicity: Not Hispanic or Latino Hispanic or Latino

Regional Corporation: _____ Shareholder Descendent

Village Corporation: _____ Shareholder Descendent

Tribal Affiliation: _____

Section 2: Financial Assistance Requested

Which type(s) of eligible assistance are you applying for? *(Please check all that apply)*

Rent <input type="checkbox"/>	Utilities <input type="checkbox"/>	Other housing related expenses <i>(please describe)</i>
Rental Arrears <input type="checkbox"/>	Utility Arrears <input type="checkbox"/>	

Section 3: Household Information: Please list all persons who are residing in your household. If necessary, please list additional members on a separate page

FULL Name of Household Member(s)	Relation to Head of Household	Date of Birth	Gender	Social Security Number
1	Self			
2				
3				
4				
5				
6				

Required Household Documentation: Please attach copy of photo identification for all household members ages 18 and older, Social Security cards for all family members over the age of 6, and CIB and/or Tribal Enrollment.

Section 4: Household Sources of Income: Please list income for ALL household members ages 18 and older.

Household Member Name	Source of Income (employment, unemployment, social security, public assistance, retirement, pension, etc.)	Monthly Gross Income
Do all household members receive the Alaska Permanent Fund Dividend (PFD)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If answer is no, please explain why:

Required Income Documentation: Please attach all supporting documents for the above listed income. This includes, but is not limited to, the last 30 days of pay stubs, pension statement(s), social security award letter(s), bank statements, unemployment letter(s), 2020 Tax Returns, and/or documentation of any other household income.

Section 5: Household COVID-19 Impact: In your own words, please describe how COVID-19 has impacted your household. Please refer to Questions #1 & #2 on the Eligibility Requirements and use the space provided below to explain your answers. If necessary, please list additional information on a separate page.

Supporting Documentation: Please attach a notice or email from your employer documenting a job loss, furlough, closure, reduction in hours, or other documentation that supports the impact your household has experienced due to COVID-19.

Section 6: Conflict of Interest

*This program is funded by the Department of Treasury and administered by Bering Straits Regional Housing Authority. The program is subject to conflict of interest rules intended to ensure all applicants are treated fairly and no one, by virtue of their position, unduly influences the selection or assistance approval process. Applicants must declare whether they, or any member of their household, has a potential conflict **by checking one of the statements below**:*

- I am not an employee or member of the Board of Commissioners or Bering Straits Regional Housing Authority, nor am I an immediate family member of nor have any business ties with any such person.
- I have a potential conflict of interest as described in the space below. *(Please note, having a potential conflict does not automatically disqualify you from the program. The application will require additional review to determine that no conflicts exist, that a conflict exists and that an exception may be made, or that the applicant is conflicted and may not be assisted.*

Please describe potential conflict of interest (if applicable):

Section 7: Landlord Information

Landlord Name: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Address of Rental Unit: _____ City: _____ State: _____ Zip Code: _____
Monthly Rent Amount: _____ Are you current on your payments? Yes No
Are there any utility services included in your rent? Yes No (If no, please proceed to Section 8)
If yes, which ones? _____ (please proceed to Section 9)

Required Landlord Documentation: Please attach a copy of your lease agreement (if available), current statement (if available) and any late payment and / or eviction notices.

Section 8: Utility Provider Information *Please Note: Cable television, and phone service are not eligible under this program. If necessary, please list additional providers on a separate page.*

Electricity Provider Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Monthly Amount: _____ Are you current on your payments? Yes No

Heating Fuel Provider Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Monthly Amount: _____ Are you current on your payments? Yes No

Required Utility Documentation: Please attach a copy of your current utility bills and/or statements, late payments and/or disconnect notices.

Section 9: Other Household Expenses: Includes reasonable accrued late fees, (limited) internet service, relocation expenses, etc.

Provider Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Monthly Amount: _____ Are you current on your payments? Yes No

Provider Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Monthly Amount: _____ Are you current on your payments? Yes No

Required Utility Documentation: Please attach any supporting documentation for the above listed expenses.

Section 10: Duplication of Benefits: A DOB occurs when a household or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Have you or any member of your household received or anticipate receiving rental or utility assistance from any other source(s)? Yes No

If yes, please indicate below the amount allocated from any and all funding sources.

Source of Funds #1

Assistance Provider Name	
Purpose / Specific Use	
Amount	

Source of Funds #2

Assistance Provider Name	
Purpose / Specific Use	
Amount	

Source of Funds #3

Assistance Provider Name	
Purpose / Specific Use	
Amount	

Section 11: Applicant Intent to Participate and Agreement Must be signed by all household members ages 18 and older.

I/We hereby certify that the information provided in this application to the Bering Straits Regional Housing Authority is true and correct. I/We understand that this is not a contract and does not bind either party. Additionally:

- I/We certify that the assistance I am applying for under this program, if awarded, will be used for my/our primary residence. If my/our living situation changes, I/we will notify BSRHA immediately.

- I/We certify that any assistance received through this program will not be duplicative of any other assistance provided for the same costs.
- I/We understand that it is my/our responsibility to supply all information and required documentation to determine my/our eligibility and failure or refusal to do so may result in processing delays and / or termination of eligibility determination.
- I/We understand that knowingly supplying false or inaccurate information is punishable under Federal and / or State criminal law and is grounds for termination from the program. If any information is found to be false or misleading, I/we understand that I/we will be disqualified from the program or other actions may be taken against me/us.
- I/We understand that BSRHA will only determine eligibility once my/our application is complete. I/we understand that funds are limited, and if the required information is not supplied in a timely manner, I/we may not receive assistance.
- I/We agree that if determined to be eligible to receive assistance under this program, by signing this document I/we am/are agreeing to:
 - notify BSRHA immediately whenever changes in household composition or income occur; and
 - provide BSRHA with the necessary information for reexaminations for continued program participation; and
 - abide by all program guidelines necessary for participation.
- I/We certify that I/we have read and understand the provisions in this document and that I/we wish to process with the application for the Emergency Rental Assistance Program.

Applicant		
Signature	Printed Name	Date

Other Adult Household Members (ages 18 and older)		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date



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Release of Information

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

In signing this consent form, I am authorizing the Bering Straits Regional Housing Authority (BSRHA) to request and obtain income information for the purpose of verifying my eligibility for the Emergency Rental Assistance Program administered by the Department of Treasury. I am also authorizing BSRHA to:

- contact my landlord and/or property owner to request information including, but not limited to, rent and payment information and I hereby authorize my landlord to release such information. I also authorize BSRHA to release my information to my landlord which is deemed necessary to complete my application.
- contact my utility providers to request information including, but not limited to, billing and payment information and I hereby authorize my utility providers to release such information. I also authorize BSRHA to release my information to my utility providers which is deemed necessary to complete my application.

I authorize my information to be transmitted via any method, including U.S. Postal Service, fax, and email.

I further authorize the Bering Straits Regional Housing Authority to disclose information about my application and program recipient status to program funders, as deemed necessary, to comply with grant requirements. I understand that my authorization will remain effective from the date of my signature through the duration of my participation in the program, and that the information will be handled confidentially in compliance with all applicable state and federal laws.

Printed Name and Signature of Applicant / Head of Household

Date

Social Security Number of Head of Household

Printed Name and Signature - Other Household Member over age 18

Date

Printed Name and Signature - Other Household Member over age 18

Date

Printed Name and Signature - Other Household Member over age 18

Date

Printed Name and Signature - Other Household Member over age 18

Date