

Emergency Rental



Assistance Program

Assisting Households Impacted by COVID-19

The Chickaloon Native Village (CNV) received Emergency Rental Assistance money from the U.S. Department of Treasury to provide the payment of rent and utilities (including past due amounts) for eligible households who have disproportionately suffered from the impacts of the COVID-19 pandemic.

Funds are available to Tribal Citizens of CNV; and other Alaska Native American Indians residing in our service area (Glacier View, Chickaloon, Sutton, Palmer, Lazy Mountain); as funding permits. **This assistance can only be provided to those who have not yet received any similar assistance from any other source.**

To be eligible, you must be obligated to pay rent and must have a rental agreement. 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.
 - Date employment was lost _____
 - Date resumed if applicable _____
 - Has lost income due to the COVID-19 pandemic.
 - Has directly or indirectly experienced financial hardship due to the COVID-19 Pandemic.
 - Other (Describe _____)
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 notices.
 - 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 depleting savings rather than using wages or other income to pay for rent or utilities.
 - Slept overnight in a place not meant for human habitation and or in a temporary shelter or a temporary residence.
 - Lived in a place not meant for human habitation.
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.
 - Please Visit:
 1. <https://www.huduser.gov/portal/datasets/il.html#2022>

I would like additional support and agree to work with CVTC Case Managers: Yes No



Application Process

Applications will be accepted until **September 1, 2022**. The application period and household eligibility requirements may be expanded, depending on the available funds. Completed applications will be pooled and prioritized for selection.

Please use the following checklist to prepare and complete the application package.

Be sure to gather and submit ALL required documents. Failure to do will delay processing of your application. Funding is not guaranteed, and all documentation will be verified to determine eligibility.

Application Checklist

- Completed Application Form- Filled out completely, signed and dated.
- Release of Information- Signed and dated by each household member 18 years of age.
- Proof of Identification- Photo ID (Government or State Issued) for all household members 18 years of age and older.
- Proof of Tribal Enrollment or Certificate of Indian Blood(CIB)
- Household income Documentation-Includes, but is not limited to, the last 30 days of pay stubs, pension statements(s), social security award letter, unemployment letters, bank statements, 2021 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- This includes, but 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, as applicable.
- 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 payments notices and / or disconnect notices.
- Other Household Expenses Documentation- Includes reasonable accrued late fees, internet service, relocation expenses, etc.

CNV will prioritize application in the following order:

1. Households whose income does not exceed 50% of area median income.
2. Households with a member who is and has been unemployed for the past 90 days.

CNV will give preference accordingly:

1. Chickaloon Native Village Tribal Citizens.
2. Other Native American or Alaska Native Households residing in CNV's service area.



Questions? Concerns? Need an application?

Need assistance completing the application?

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

Chelsea Leppanen

Facilities Assistant

Phone (907) 745-0749 Ext 2204

Email:

cjleppanen@chickaloon-nsn.gov

Please submit your application using one of the following methods:

<u>Mail</u>	<u>In-Person (Drop Box Only):</u>	<u>Email:</u>
Chickaloon Native Village	Ceghaznae Hwnax	cvhousing@chickaloon-nsn.gov
PO Box 1105	9255 N Glenn Hwy	<u>Fax:</u>
Chickaloon AK 99674	Palmer, AK 99645	(907)- 745-0709

This project is being supported, in whole or in a part, by federal award number ERA-2101123933 awarded to the Chickaloon Native Village by the U.S. Department of Treasury



<i>Internal Use Only</i>
Date Received: _____
Received By: _____
Pool Number: _____

EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

(ALL FIELDS MUST BE FULLY COMPLETED AND LEGIBLE TO PROCESS YOUR APPLICATION)

Section 1:

APPLICANT INFORMATION - Are you filling out this application as the: Tribal Citizen or Guardian/Conservator. If you are not the Tribal Citizen and filling out this application on behalf of a Tribal Citizen, please print your name and relationship to the Tribal Citizen: _____/_____

Please Select all that apply: (Please attach Tribal Enrollment or CIB)

- Chickaloon Village Tribal Citizen | Other Alaska Native or American Indian (Tribal Affiliation) _____
- Asian Black or African American White or Caucasian Native Hawaiian or Other Pacific Islander Other

Ethnicity: Not Hispanic or Latino Hispanic or Latino

Full Name of Applicant			Date of Birth	
Mailing Address	Address	City/State	Zip Code	
Physical Address	Address	City/State	Zip Code	
Phone Number			Alt. Phone Number	
Email Address				

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 (please describe)
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 17 and younger and Tribal Enrollment or CIB.

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.

Can you provide any of the following documents that show your household income?

- Alimony payments or divorce decree letter
- Bank statements
- Letter from an employer including pay amount & frequency
- Pay stubs for 30 days prior to the application date
- Self-employment ledger
- Unemployment compensation statement
- 2021 tax return
- 2021 W2(s)
- 2021 1099(s)

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 the Chickaloon Village Traditional Council (CVTC). The program is subject to conflict of interest rules intended to ensure all applicants are treated fairly and so on, by virtue of their position, unduly influences of 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 Council member of Chickaloon Native Village, 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.

I have provided a copy of my lease or written documentation of rental agreement with the landlord.

If no lease, I have provided a utility bill showing name and rental address.

I have provided documents that show past rent payments.

I am requesting assistance with past rent.

Number of Months in Arrears: _____ Amount Owed: _____

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.

- Utilities are included in monthly rent
- Utilities are not included in monthly rent
- I have provided copies of utility bills in my name or that of a documented member of my household.
- I have received the following assistance from a state or federal program to cover utilities during the months for which I am requesting ERA assistance. Name of program: _____

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.

- CVTC's Emergency Rental Assistance Program
- State Rental Assistance (Alaska Housing Finance Corporation or Cook Inlet Housing Authority)
- Public Housing or Section 8
- USDA Rural Assistance Fund
- I have not received any other rental assistance in 2020
- I have not received any other rental assistance in 2021
- I have not received any other rental assistance in 2022

Source of Funds #1

Assistance Provider Name	
Purpose / Specific Use	
Start Date/End Date	
Amount	

Source of Funds #2

Assistance Provider Name	
Purpose / Specific Use	
Start Date/End Date	
Amount	

Source of Funds #3

Assistance Provider Name	
Purpose / Specific Use	
Start Date/End Date	
Amount	

Source of Funds #4

Assistance Provider Name	
Purpose / Specific Use	
Start Date/End Date	
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 Chickaloon Native Village 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 CNV 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 Tribal, 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 CNV 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 CNV immediately whenever changes in household composition or income occur; and
 - provide CNV 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
CNV Team Member		
This information taken via telephone interview is accurate to the best of my knowledge		
Signature	Printed Name	Date

CONSENT TO RELEASE INFORMATION (to be completed for each adult in household)

Name: _____ **DOB:** _____ **SSN:** _____

I hereby authorize Chickaloon Native Village (CNV) to obtain information regarding my income, credit/financial landlord, and personal history to determine my eligibility for CNV's Emergency Rental Assistance Program. This authorization and the information obtained may be given to any Federal, State, or local program enforcing applicable rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, and unearned income sources.

Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last three (3) years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for CNV's Emergency Rental Assistance Program.

I agree that a photocopy of this authorization may be used for the purposed stated above. The original of this authorization is on file with CNV and will stay in effect for one (1) year and one (1) month from the date signed. I understand that this consent may be revoked by me in writing at any time, but that the revocation will not cover information that has already been released based on this authorization.

PROHIBITION OF RE-DISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by Federal Regulations (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of first offense and not more than \$5,000 in the case of each subsequent offense.

Applicant Signature

Date

Applicant Name (Please Print)

Date

CONSENT TO RELEASE INFORMATION (to be completed for each adult in household)

Name: _____ **DOB:** _____ **SSN:** _____

I hereby authorize Chickaloon Native Village (CNV) to obtain information regarding my income, credit/financial landlord, and personal history to determine my eligibility for CNV's Emergency Rental Assistance Program. This authorization and the information obtained may be given to any Federal, State, or local program enforcing applicable rules and regulations.

Persons and/or organizations that may be contacted include, but are not limited to: employers, financial institutions, landlords, local governments, Native corporations, the State of Alaska's Permanent Fund Dividend (PFD) Division, child support enforcement agencies, private individuals, public assistance agencies, school authorities, the Social Security Administration, and unearned income sources.

Therefore, this consent form authorizes the release of income, financial, and personal information from all of the persons and organizations described above, including directly from financial institutions, regarding any period(s) within the last three (3) years.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for CNV's Emergency Rental Assistance Program.

I agree that a photocopy of this authorization may be used for the purposed stated above. The original of this authorization is on file with CNV and will stay in effect for one (1) year and one (1) month from the date signed. I understand that this consent may be revoked by me in writing at any time, but that the revocation will not cover information that has already been released based on this authorization.

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Applicant Signature

Date

Applicant Name (Please Print)

Date



Emergency Rental Assistance

Assisting Households Impacted by COVID-19

Landlord Participation and Payment Acceptance Agreement

Tenant Name: _____ Phone #: _____

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

Participation: The Chickaloon Native Village, hereafter referred to as CNV, administers the Emergency Rental Assistance Program (ERAP) funded by the Department of Treasury. CNV will issue monthly rental and/or rental arrears payments directly to the landlord on behalf of eligible households impacted during the COVID-19 pandemic. The above listed Tenant has submitted an application for ERAP assistance. *The application process includes verification paperwork that must be completed by the applicant’s landlord.* Please complete and return this form with the attached W-9 Request for Taxpayer Identification Number and Certification at your earliest convenience. Payments will not be processed until this information is returned.

Your participation is encouraged and appreciated. Please select one of the following:

- I do not want to participate in the Chickaloon Native Village’s Emergency Rental Assistance Program; or
- I want to participate in the Chickaloon Native Village’s Emergency Rental Assistance Program. To receive payment(s), I will provide this signed agreement and W-9 form.

Landlord/Authorized Representative Name: _____ Phone # _____

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

EIN (Tax ID #): _____ Email: _____

Tenant’s monthly rent is due on the _____ of each month.

Lease Start Date:	Lease End Date:
Monthly Rent Amount: \$	Date Next Payment Due:
Amount of Last Payment: \$	Date of Last Payment:

Utility Services

Please indicate which (if any) utility services are included in the rent. If the utility service is included in the rent under the lease, please check “owner paid.” If the utility service is paid directly by the tenant, check “tenant paid.”

Utility Service	Owner Paid	Tenant Paid	Utility Service Provider
Electricity			
Fuel (e.g., gas)			
Water / Sewer			
Other			

Has the tenant received rental assistance from any other programs? YES NO

If yes, please provide the source of those funds, the amount and for what dates provided:

Is the tenant in arrears? YES NO

If yes, please list rental arrears amounts and total amount owed. *Only include amounts beginning on or after March 13, 2020.*

List of Rental Arrears	
Month/Year	Amount \$

Total Amount Owed: \$

Payment Information

The quickest way to receive payment is through Electronic Funds Transfer (EFT). To enroll, please complete the following *Electronic Funds Transfer Authorization Form and return it with this document*. For payment by check, please complete the following information:

PAY TO THE ORDER OF: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Landlord Participation and Payment Acceptance Agreement

1. I certify that I am the Landlord and/or Property Owner for the unit located at the address listed above.
2. I certify that the above listed Tenant is currently residing in said property and has an obligation to pay rent.
3. As part of my participation, I agree to provide CNV with any documentation necessary to complete the application process, and, in the event the tenant is selected for the program, any documents needed to complete the payment process.
4. I agree to provide CNV with a receipt for any assistance received under this program on behalf of the above listed Tenant.
5. I understand that I am not entitled to a payment for a month that the tenant did not reside at my property. If I receive a rent payment for such month, I will remit to CNV any overpaid rent immediately.
6. I understand that the term of this agreement will begin upon my acceptance of any payment made by CNV for emergency rental assistance for the named Tenant and will continue for the full term of the months for which rent is paid on their behalf.
7. I understand that CNV is not responsible for any costs, fees, damages, or amounts of any kind and that submission of this Agreement does not obligate CNV to provide any funds to me.

8. I understand and agree that during the term of this agreement, I must notify CNV if the tenant is facing eviction or is being asked to leave. If the tenant is facing eviction, I will only accept payment arrears if the eviction will be avoided.
9. I agree to not accept multiple payments from multiple assistance programs for the rent amounts paid by CNV. If a duplicate assistance payment through another such program is received, I will reimburse CNV the full amount of any excess payments within 30 days.
10. I understand that rental assistance is limited, and that assistance may be terminated if a participant is determined to be no longer eligible and/or has not been compliant with the program requirements.
11. I certify that the above information is true and accurate to the best my knowledge and that providing false representations herein constitutes an act of fraud.

Landlord / Authorized Representative Name (Please Print)

Title

Landlord / Authorized Representative Signature

Date

Submit completed form by email: cvhousing@chickaloon-nsn.gov or fax: (907) 745-0709



Emergency Rental Assistance Program

Assisting Households Impacted by COVID-19

Utility Provider Participation and Payment Acceptance Agreement

Customer Name: _____ Phone #: _____

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

Participation: The Chickaloon Native Village, hereafter referred to as CNV, administers the Emergency Rental Assistance Program (ERAP) funded by the Department of Treasury. CNV will issue monthly utility and/or utility arrears payments directly to the provider on behalf of eligible households impacted during the COVID-19 pandemic. The above listed Customer has submitted an application for ERAP assistance. *The application process includes verification paperwork that must be completed by the applicant's utility provider(s).* Please complete and return this form at your earliest convenience. Payments will not be processed until this information is returned.

Your participation is encouraged and appreciated. Please select one of the following:

- I do not want to participate in the Chickaloon Native Village's Emergency Rental Assistance Program; or
- I want to participate in the Chickaloon Native Village's Emergency Rental Assistance Program. To receive payment(s), I will provide this signed agreement.

Company Name: _____ Authorized Representative Name: _____

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

Phone Number: _____ Email: _____

Tax ID#/EIN# _____

Customer's monthly utility payment is due on the _____ of each month.

Monthly Utility Amount: \$	Date Next Payment Due:
Amount of Last Payment: \$	Date of Last Payment:

Has the customer received utility assistance from any other provider? YES NO

If yes, please provide the source and the amount provided: _____

Is the Customer in arrears? YES NO

If yes, please list utility arrears amounts and total amount owed. *Only include amounts beginning on or after March 13, 2020.*

List of Utility Arrears	
Month/Year	Amount \$

Total Amount Owed:

\$

Payment Information

The quickest way to receive payment is through Electronic Funds Transfer (EFT). To enroll, please complete the following *Electronic Funds Transfer Authorization Form and return it with this document*. For payment by check, please complete the following information:

PAY TO THE ORDER OF: _____

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

Utility Provider Participation and Payment Acceptance Agreement

1. I certify that the above listed Customer has a utility account with this company and is obligated to pay monthly utility costs.
2. I certify that the monthly utility costs are associated with the unit address listed above.
3. As part of my participation, I agree to provide CNV with any documentation necessary to complete the application process, and, in the event the Customer is selected for the program, any documents needed to complete the payment process.
4. I agree to provide CNV with a receipt for any assistance received under this program on behalf of the above listed Customer.
5. I understand that the term of this agreement will begin upon my acceptance of any payment made by CNV for emergency rental assistance for the named Customer and will continue for the full term of the months for which utilities is paid on their behalf.
6. I understand that submission of this Agreement does not obligate CNV to provide any funds to the me.
7. I agree to not disconnect utilities for this account the duration of this assistance.
8. I agree to not accept multiple payments from multiple assistance programs for the utility amounts paid by CNV. If a duplicate assistance payment through another such program is received, I will reimburse CNV the full amount of any excess payments within thirty (30) days.
9. I understand that assistance is limited, and that assistance may be terminated if a participant is determined to be no longer eligible and/or has not been compliant with the program requirements.
10. I certify that the above information is true and accurate to the best my knowledge and that providing false representations herein constitutes an act of fraud.

Utility Provider Authorized Representative (Please Print)

Title

Authorized Representative Signature

Date

Submit completed form by email: cvhousing@chickaloon-nsn.gov or fax: (907) 745-0709