

Department of Community Development Suquamish Housing Program



Suquamish Tribe Emergency Rental Assistance (ERA) Policy

Purpose:

The COVID-19 pandemic has placed unprecedented hardship on tribal families and households. To alleviate some of the hardships and challenges the Suquamish Tribe is providing Emergency Rental Assistance Program (ERA Program Funds) awarded by the U.S. Treasury Office to assist eligible tribal families with rent and utility assistance that are at risk of eviction, homelessness, or losing stable housing. Assistance must be for applicant's primary rented dwelling, which include a rental agreement, Mutual Help Ownership Agreement (MHOA), rent-to-own agreements, and mobile home park lot lease.

Program does not provide assistance for Homeowner mortgage or utility payments.

Eligibility:

1. Enrolled Suquamish Tribal member 18 years of age residing in Washington State.
2. Head of household caring for an Enrolled Suquamish youth living in their home residing Washington State.
3. Enrolled Tribal member of Federally Recognized Tribe renting a home on the Port Madison Reservation.
4. Assistance must be for household's primary residence.
5. Applicant household income must be at 80% or below of Median income for their housing area.

Prioritization of Assistance:

1. Applicants that are 50% below median income with rental and/or utility arrears will be assisted first.
2. Applicants that have been unemployed for more than 90- days.
3. Applicants at 80% below median income with rental and/or utility arrears.
4. Security deposit and rental application processing fees, if relocating is related directly or indirectly due to COVID-19.
5. Prospective future rent and utility payments not to exceed 3 months at a time. If any Applicant has any Rent Arrears or Utility Costs Arrears Suquamish Tribe will assist with those arrears payments (not to exceed 12 months) before providing payments for any current or future Rent or Utility Costs payments.

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Assistance Benefit:

1. Payment for past due rent, late fees, or penalties incurred after March 13, 2020 not to exceed 12 months of assistance.
2. Assistance paying up to 3 months of future rent. *Assistance beyond 3 months; applicant must submit a subsequent application.*
3. Payment of past due utility bills incurred after March 13, 2020; ex: water, sewer, garbage, power, heating fuel, and internet to the dwelling.
4. Relocation assistance due to COVID-19 temporary or permanent displacement for security deposit assistance and rental application processing fees.
5. Payment of past due parcel lease and/or utilities bills incurred after March 13, 2020 for mobile/manufactured homes.

Application Requirements:

Applicants are required to complete the attached "Suquamish Housing Emergency Rental and Utility Bill Assistance" application and submit necessary supporting documentation as outlined in the attached Applicant Checklist of Required Document to be eligible for emergency financial assistance under this program.

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Suquamish Housing Emergency Rental and Utility Bill Assistance Application

Applicant Name: _____ Phone Number: _____

Gender _____ Race _____ Ethnicity _____

Date of Birth: _____ Tribal Enrollment No: _____

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

Physical Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Household Member Information:

Name	Date of Birth	Last 4 digits of SSN	Tribal Enrollment No.	Annual or Monthly Income	Income Source

Household Total Monthly Income: _____

Household Total Annual Income: _____

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Suquamish Housing Emergency Rental and Utility Bill Assistance Application

I certify that my family and I are facing hardship as a direct result of the COVID-19 Pandemic due to the following reasons:

- A reduction in household Income
- Loss of Employment/Temporary Layoff/or Furlough
- Reduction in hours/pay.
- Unable to work or experiencing financial hardship due to no child care/school.
- Underlying medical condition requiring staying home to prevent exposure.
- Loss of self-employment/business income
- Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc)
- Other financial hardship; list _____

If you checked one or more of the above, please check the type of assistance you are seeking:

Assistance incurred after March 13, 2020 and cannot exceed 12 months of assistance.

Paying overdue rent to avoid eviction

Monthly Rent \$ _____

Number of months requesting assistance _____

Total amount of assistance requested \$ _____

Assistance paying future rent

Monthly Rent \$ _____

Number of months requesting assistance _____

Total amount of assistance requested \$ _____

Paying past due utility bills; ex. *water, sewer, power, heating fuel, internet*

Amount past due \$ _____ Utility Provider: _____

Amount past due \$ _____ Utility Provider: _____

Amount past due \$ _____ Utility Provider: _____

Reimbursement of utility payments; ex. *water, sewer, power, heating fuel, internet*

Amount of reimbursement request \$ _____ Utility Provider _____

Amount of reimbursement request \$ _____ Utility Provider _____

Amount of reimbursement request \$ _____ Utility Provider _____

Security Deposit Assistance

Amount of security deposit required \$ _____

Rental application processing fee \$ _____

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Applicant Authorization for Release of Information

I, _____ ("Applicant") am applying for certain housing assistance services from Suquamish Tribe Emergency Rental Assistance (ERA) program. As part of my application for services, I am required to provide background information for determination of my eligibility. I hereby authorize the following listed person or entity to provide any and all records or other information regarding me and my household, in whatever format, that the person or entity has in his, her or its possession to Suquamish Tribe housing office.

Name and address of person or entity possessing information regarding Applicant:

Landlord: _____

Utility Provider: _____

Utility Provider: _____

Utility Provider: _____

By my signature below, I certify and attest that I am voluntarily authorizing the release of any records or other information regarding me and my household that is in your possession to the Suquamish Tribe. This release and authorization is ongoing until expressly revoked in writing by the undersigned.

Applicant Signature: _____

Date: _____

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Applicant Attestation of Economic Hardship

In order for Financial Assistance to be provided under the Emergency Rental Program, this Certification of Economic Hardship must be completed and signed/dated by the tenant.

I, _____, the Applicant, do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify the Suquamish Tribe Housing Program of any significant changes to my household income or financial status that would impact my eligibility for the Emergency Rental Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature: _____

Date: _____

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Applicant Checklist of Required Documents

All Applicants must submit:

- Tribal Enrollment Card
- Income Verification for each member 18 or older
 - Annual Income (a wage statement, interest statement, unemployment compensation statement, or a copy of Form 1040 as filed with the IRS for the household for 2020)
or
 - Paystubs received in the last 60 days (2 months)

Submit the following documentation if applicable:

- Documentation of each household member's qualification for unemployment benefits
- Letter / Email / Text from employer showing your lay off, furlough status, or decrease in hours
- Other documents showing a reduction in household Income
- Documents showing loss of self-employment/business income
- Bills / Receipts showing significant costs (hospital bills, medication costs, etc.)
- Documents showing other financial hardship
- Copy of lease or rental agreement showing required rental payments or deposits
- Copy of utility bill(s)
- Copy of a past due utility or rent notice or eviction notice
- Documents showing unsafe or unhealthy living conditions
- Any other evidence of risk of housing instability

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Landlord Non-Eviction Agreement and Payment Processing Information

Landlord Name: _____

Phone Number: _____

Mail payment to: _____

Under this Policy, and pursuant to requirements of the United States Department of Treasury, a landlord may not evict or in any way remove a tenant from a rental unit for nonpayment of rent while receiving Rental Assistance Payments.

I, _____, hereby acknowledge and agree that, in exchange for acceptance of Rental Assistance Payment under the Policy:

1. I will not evict Tenant or terminate Tenant's rental agreement for nonpayment during the period of tenancy for which the Rental Assistance Payment(s) are provided;
2. If I evict Tenant or terminate Tenant's rental agreement for nonpayment for the time covered by the Rental Assistance Payment, Suquamish Tribe may immediately withhold any and all future payments made under the Policy and Suquamish Tribe will be entitled to immediate repayment of any Rental Assistance Payment paid to me for rental assistance covering that period; and
3. I commit to use the Rental Assistance Payment(s) provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I further understand that Suquamish Tribe is relying on these representations and commitments as the basis for providing the assistance requested.

Landlord: _____

Name and Title

Signature

Date

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Median Income Determination

Suquamish Tribe Housing Program (SHP) determines Median income limit eligibility for the dwelling area based on the annually published Median Income Limits from Housing and Urban Development (HUD).

Example of eligible 3 person household in Kitsap County. The entire household income must be at or below \$67,800.00 per year.

FY 2021 Income Limits Summary										
Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.										
FY 2021 Income Limit Area	Median Family Income	FY 2021 Income Limit Category	Persons in Family							
	Explanation		1	2	3	4	5	6	7	8
Bremerton-Silverdale, WA MSA	\$94,100	Very Low (50%) Income Limits (\$)	32,950	37,650	42,350	47,050	50,850	54,600	58,350	62,150
		Explanation								
		Extremely Low Income Limits (\$)*	19,800	22,600	25,450	28,250	31,040	35,580	40,120	44,660
		Explanation								
		Low (80%) Income Limits (\$)	52,750	60,250	67,800	75,300	81,350	87,350	93,400	99,400
		Explanation								

Applicants may review the median income for Counties and Cities in Washington State by reviewing HUD's Median Income Limits located at: <https://www.huduser.gov/portal/datasets/il.html>

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

▶ **Go to www.irs.gov/FormW9 for instructions and the latest information.**

See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
	-
or	
Employer identification number	
	-

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.