



Emergency Rental Assistance Program (ERAP) Renewal Application Instructions and Checklist

Ada County residents who previously received assistance through the Boise City & Ada County Housing Authorities program may be eligible for an additional three months of rental assistance. To be considered for renewal you must continue to meet the following eligibility requirements:

1. The household must be a current resident renting a unit in Ada County, Idaho; and
2. The household must have an income that does NOT exceed 80% Area Median Income.

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income Limit (80% AMI)	\$42,200	\$48,200	\$54,250	\$60,250	\$65,100	\$69,900	\$74,750	\$79,550

3. One or more individuals within the household has qualified for unemployment benefits; **OR** experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak; and
4. One or more individuals within the household is at risk of experiencing homelessness or housing instability.

Documentation Checklist:

- Renewal Application with all questions complete
- Income Documentation (provide all applicable documentation):
Please note: All income documentation must include your name, address, dates, and amounts paid. If the documentation you provide does not include this information, your file will be considered incomplete.

Unemployment	<ul style="list-style-type: none"> • Copy of most recent benefit notice AND • Print out of payments received for the last two months
Employment Income	<ul style="list-style-type: none"> • Last two months of pay stubs
Self-Employment	<ul style="list-style-type: none"> • 2020 tax returns, 1099's, profit and loss report from applicant's accounting system, or bank statements for the last two months
Social Security Benefits	<ul style="list-style-type: none"> • 2020 tax information or copy of a current award letter
Child Support	<ul style="list-style-type: none"> • Print out of payments received for last two months, written verification from absent parent, or bank statements for the last two months
Other Income	<ul style="list-style-type: none"> • Current benefit letter from the source stating the monthly amount received (VA pension, annuities, disability income, workmen's compensation, alimony, etc.)

- Last two months of bank statements (Checking, savings, IRA, etc.)
- If your monthly rent amount has changed since your initial application, you must provide a copy of the rent increase notice and/or new lease issued to you by your landlord.
- A current rent ledger from your landlord for January 1, 2021 to present
- Most recent utility bills (if requesting assistance with utilities)
 - ♦ Utilities include electricity, gas, water, sewer, trash, internet, and energy costs, such as fuel oil. Telecommunication services (telephone, cable) are not considered utilities.

The maximum amount of assistance households can receive is dependent upon need and funding availability. Return the completed application and all supporting documentation by email to erap@bcacha.org, fax (208) 345-4909, or mail to Boise City/Ada County Housing Authorities Attn: ERAP 1001 S. Orchard St. Boise, ID 83705.





**Emergency Rental Assistance Program
Renewal Application**

Section 1: Primary Applicant Information

Last Name: _____ First Name: _____ MI: _____

Home Phone #: _____ Cell #: _____ Email: _____

Preferred Language: _____ Household Size: _____ (Adults: _____ Children: _____)

Names of all adult household members: _____

Names of all minor household members: _____

Section 2: Unit Information

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

Current monthly rent amount: _____ Is this different from your initial application? Yes* No

***If yes, you must provide a copy of the rent increase notice and/or new lease issued to you by your landlord.**

Landlord Name: _____

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

Landlord Phone: _____ Landlord Email: _____

Section 3: Household Income

Required Documentation: Attach copies of the last two months of pay stubs for all adults, pension statement(s), social security award letter(s), unemployment letter(s), and/or documentation of any other household income.

Please note: All income documentation must include your name, address, dates, and amounts paid. If the documentation you provide does not include this information, your file will be considered incomplete.

On the following chart, please list the GROSS (pre-tax) monthly income for ALL adults.

Household Member Name	Employment or Wages	Self-Employment & Business Income	Pension/Retirement Income	Social Security, Retirement, Disability	Unemployment TANF, other Public Assistance	Child Support, Alimony, Foster Care Payments	Other Income
Total							
Total Monthly Income:							

The following household members have **zero income**:



Household Size: _____ Total Annual Household Income from all Sources (Total Monthly Income x 12): _____

(Find numbers in your family then follow across and check appropriate annual income amount)

Household Size	0-30% Extremely Low Income	✓	30%-50% Very Low Income	✓	(50%-80%) Low Income	✓	(Above 80%) Over	Not eligible
1 person	0 to \$15,850		To \$26,400		To \$42,200		Over \$42,200	Not eligible
2 people	0 to \$18,100		To \$30,150		To \$48,200		Over \$48,200	Not eligible
3 people	0 to \$21,960		To \$33,900		To \$54,250		Over \$54,250	Not eligible
4 people	0 to \$26,500		To \$37,650		To \$60,250		Over \$60,250	Not eligible
5 people	0 to \$31,040		To \$40,700		To \$65,100		Over \$65,100	Not eligible
6 people	0 to \$35,580		To \$43,700		To \$69,900		Over \$69,900	Not eligible
7 people	0 to \$40,120		To \$46,700		To \$74,750		Over \$74,750	Not eligible
8 people	0 to \$44,660		To \$49,700		To \$79,550		Over \$79,550	Not eligible

Section 4: Housing Stability Plan

Ada County residents who previously received assistance through the Boise City & Ada County Housing Authorities program may be eligible for an additional three months of rental assistance. The assistance you receive through this program is limited and is only a temporary solution.

How many months of assistance are you requesting? _____

Have you received rental and/or utility assistance from any other entity during calendar year 2021? Yes No

Agency/Program Name (Do not include any assistance you received through BCACHA)	Rent	Utilities	Other	Months covered
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

How will you be able to afford your rent and utilities after this assistance ends?

What resources do you need in order to be able to maintain your housing expenses on your own?

Are you currently on any waiting lists for housing programs? Yes No

If yes, please list name of agency/program(s):



Section 5: Attestation and Certification of Eligibility

I, _____, do hereby state that one or more individuals of my household is obligated to pay rent on a residential dwelling and,

1. One or more individuals within the household is at risk of experiencing homelessness or housing instability, as demonstrated by the attestations and/or documentation provided as part of this application;
2. My household has a household income that is not more than 80% of the area medical income (AMI), as identified in this application; AND
3. A member of my household has a qualifying COVID-19 related financial hardship including:
 - a. Qualified for unemployment benefits; OR
 - b. Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to the novel coronavirus disease (COVID-19).

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. I UNDERSTAND THAT KNOWINGLY SUPPLYING FALSE, INCOMPLETE OR INACCURATE INFORMATION IS PUNISHABLE UNDER FEDERAL OR STATE LAWS AND MAY RESULT IN PROSECUTION AND REPAYMENT OF ASSISTANCE.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE NOT ALREADY BEEN PROVIDED RENTAL OR UTILITY ASSISTANCE, THROUGH ANY OTHER PROGRAM, THAT COVERS THE COSTS REQUESTED IN THIS APPLICATION.

BY COMPLETING AND SUBMITTING THIS FORM I ACKNOWLEDGE THAT MY TYPED NAME SHALL HAVE THE SAME LEGAL VALIDITY AND ENFORCEABILITY AS A MANUALLY EXECUTED SIGNATURE TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW

Signature of Primary Applicant

Date

It is the policy of BCACHA to see that every individual regardless of race, religion, color, sex, age, national origin, familial status, gender identity, sexual orientation, or disability shall have equal opportunity in accessing affordable housing. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please submit a request in writing or contact our office at (208) 363-9710.

