



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

To be eligible, a household must be obligated to pay rent on a residential dwelling and:

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

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:

- Program Application with all questions complete
- Authorization for the Release of Information
- Income Documentation (provide all applicable documentation):

Unemployment	Copy of benefit notice or print out of payments received for the last two months
Employment Income	2020 tax returns, W2's; OR last two months of pay stubs
Self-Employment	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	2020 tax information or copy of a current award letter
Child Support	Print out of payments received for last two months, written verification from absent parent, or bank statements for the last two months
Other Income	Documentation from the source stating the monthly amount received. For example, VA pension, annuities, disability income, workmen's compensation, alimony, etc.)

- Rent and Utility Assistance: Utilities include electricity, gas, water, sewer, trash, internet, and energy costs, such as fuel oil. Telecommunication services (telephone, cable) are not considered utilities.
 - Current Lease agreement (all pages)
 - Copy of rental delinquency notice (if applicable)
 - Landlord contact information
 - Most recent utility bill (if requesting assistance with utilities)

Please note you may be asked to submit additional documentation. 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 Application and Intake Form

Section 1: Primary Applicant Information

Last Name: _____ First Name: _____ MI: _____

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

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

Date of Birth: ____/____/____ Gender: Female Male Nonbinary Decline to Answer Preferred Language: _____

Race: White/Caucasian Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Decline to Answer

Hispanic or Latino? Yes No Decline to Answer Household Size: _____ (Adults: _____ Children: _____)

Names of all adult household members: _____

Names of all minor household members: _____

Section 2: COVID-19 Financial Hardship Please check **ALL** that apply to one or more members of your household:

- | | |
|--|---|
| <input type="checkbox"/> Qualified for Unemployment benefits; | <input type="checkbox"/> Required to self-quarantine based on the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or have reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity; |
| <input type="checkbox"/> Unemployed for 90 days prior to this application; | <input type="checkbox"/> Required to be quarantined based on diagnosis of COVID-19 |
| <input type="checkbox"/> Suffered a substantial loss of income from COVID-19; | <input type="checkbox"/> Other circumstances: |
| <input type="checkbox"/> Job loss or Reduction in compensation; | |
| <input type="checkbox"/> Closure of place of employment; | |
| <input type="checkbox"/> Obligation to be absent from work to care for home-bound school-aged child; | |
| <input type="checkbox"/> Experienced a large unexpected medical cost related to COVID-19; | |

Section 3: Housing Status (check all that apply)

Required Documentation: Attach a copy of your current lease agreement and/or most recent utility bill (if applicable).

- At risk of experiencing homelessness or housing instability due to inability to pay *past due* rent and/or utilities
 - Amount of past due rent: _____
 - Amount of past due utilities: _____

- At risk of experiencing homelessness or housing instability due to inability to pay *future* rent
 - Amount of rent due: _____ Due date: _____



Are you or a member of your household currently living in a federally subsidized residence? Yes No

If yes, please list the program/property: _____

Are you or a member of your household currently receiving any other type of rent/utility assistance? Yes No

If yes, please list the program/agency: _____

Have you or a member of your household applied for rent/utility assistance from another agency? Yes No

If yes, please list the program/agency: _____

Landlord Name: _____

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

Landlord Phone: _____ Landlord Email: _____

Section 4: Household Income

Required Documentation: Attach copies of 2020 tax returns, 1099's, **OR** 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.

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

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 adult 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	✓
1 person	0 to \$15,850		To \$26,400		To \$42,200	
2 people	0 to \$18,100		To \$30,150		To \$48,200	
3 people	0 to \$21,960		To \$33,900		To \$54,250	
4 people	0 to \$26,500		To \$37,650		To \$60,250	
5 people	0 to \$31,040		To \$40,700		To \$65,100	
6 people	0 to \$35,580		To \$43,700		To \$69,900	
7 people	0 to \$40,120		To \$46,700		To \$74,750	
8 people	0 to \$44,660		To \$49,700		To \$79,550	



Section 5: Attestation and Certification of Eligibility

I, _____, do hereby certify and attest to the following:

[Please initial]

- _____ At least one of the individuals in my household is obligated to pay rent on the residential dwelling listed in this application;
- _____ The income reported on this application represents all household income of any form;
- _____ One or more members in my household has a demonstrable risk of experiencing homelessness or housing instability;
- _____ One or more members in my household qualifies for unemployment benefits *OR* experienced a reduction in household income, incurred significant costs, and/or experienced other financial hardship due to the novel coronavirus disease (COVID-19).

Please provide a statement explaining your COVID-19 Financial Hardship:

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.





Emergency Rental Assistance Program Authorization for the Release of Information

Last Name: _____ MI: _____ First Name: _____

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

Purpose: In signing this consent form, you are authorizing the above named organization to request information including but not limited to: identity and marital status, income and assets, public assistance, residences and rental activity. BCACHA needs this information to verify your eligibility for emergency rental assistance benefits. BCACHA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility for assistance.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- | | | |
|-----------------------------------|--|-----------------------|
| Past/Present Employers | Social Security Administration | Utility Companies |
| Current and Prospective Landlords | State Unemployment Agencies | Schools and Colleges |
| Dept. of Health and Welfare | Veterans Administration | Retirement Systems |
| Law Enforcement Agencies | Medical and Child Care Providers | Previous Landlords |
| Support and Alimony Providers | Banks and other Financial Institutions | Courts & Post Offices |

Alternate Contact

If you would also like us to communicate directly with another person or agency on your behalf regarding your application, please provide us with the following information:

Agency Name: _____

Contact Name: _____ Phone: _____

I consent to allow BCACHA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits. I have read and understand by signing below, I certify that I am giving permission for BCACHA to obtain or share information for emergency rent and utility assistance.

Signature of Applicant / Head of Household Date

Signature of Other Household Adult Date

Signature of Other Household Adult Date
Date

