



Emergency Rental Assistance

Assisting Households Impacted by COVID-19

The Aleutian Housing Authority (AHA) is the Tribally Designated Housing Entity (TDHE) for the Aleutian and Pribilof Islands Region of Alaska. AHA received Emergency Rental Assistance money from the U.S. Department of Treasury, on behalf of our partner Tribes, 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 shareholders of the Aleut Corporation or enrolled members of one of our regional Tribes residing nationwide; Native Americans and Alaska Natives residing in the Aleutian and Pribilof Islands Region; and other residents of the Aleutian and Pribilof Islands Region. This assistance can only be provided to those households 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.
- 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.

- Please visit: https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn or contact a member of AHA's team to see if your household meets this requirement.

Application Process

Applications will be accepted until September 15th, 2021. The application period and household eligibility requirements may be expanded, depending on available funds. Completed applications will be pooled and prioritized for selection. ***To be considered in the first application pool, your completed application and all required information must be received by AHA no later than, Wednesday, September 15th, 2021.*** First pool payments are scheduled to be made in October of 2021.

Please use the following 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.

Application Checklist

- Completed Application Form** – Filled out completely, signed and dated.
- Release of Information** – Signed and dated by each household member 18 years or age.
- Proof of Identification** – Photo ID (Government or State Issued) for all household members 18 years of age and older.
- Proof of TAC Shareholder Status, Tribal Enrollment, or CIB**
- 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.

AHA will prioritize applications 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.

AHA will give preference accordingly:

1. Aleut Corporation Shareholders or Enrolled Members of one of the following Regional Tribes:
Agdaagux Tribe of King Cove, Native Village of Akutan, Native Village of Atka, Native Village of Belkofski, Native Village of False Pass, Native Village of Nelson Lagoon, Native Village of Nikolski, Pauloff Harbor Village, Qagan Tayagungin Tribe of Sand Point, Qawalangin Tribe of Unalaska, Pribilof Islands Aleut Community of St. George, Pribilof Islands Aleut Community of St. Paul, or Native Village of Unga.
2. Other Native American or Alaska Native Households residing AHA's service area
3. Non-Native households, residing AHA's service area

How do I submit my application?

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

Email: era@ahaak.org
Fax: 1-833-899-8155
Mail: Aleutian Housing Authority
ERA Program
520 E 32nd Avenue
Anchorage, AK 99503

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:

Melissa Robbins, Housing Director
907-644-6603

Isabel Velez, Housing Assistant
907-644-6622

Erin Wilson Potter, Deputy Director
907-644-6614

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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 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 the Aleutian 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 the Aleutian 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 Aleutian 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 AHA 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 AHA 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 AHA immediately whenever changes in household composition or income occur; and
 - provide AHA 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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Landlord Participation and Payment Acceptance Agreement

Tenant Name: _____ Phone #: _____

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

Participation: The Aleutian Housing Authority, hereafter referred to as AHA, administers the Emergency Rental Assistance Program (ERAP) funded by the Department of Treasury. AHA 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 Aleutian Housing Authority's Emergency Rental Assistance Program; or
- I want to participate in the Aleutian Housing Authority'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 and the amount 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 AHA 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 AHA 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 AHA any overpaid rent immediately.
6. I understand that the term of this agreement will begin upon my acceptance of any payment made by AHA 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 AHA is not responsible for any costs, fees, damages, or amounts of any kind and that submission of this Agreement does not obligate AHA to provide any funds to the me.

8. I understand and agree that during the term of this agreement, I must notify AHA 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 AHA. If a duplicate assistance payment through another such program is received, I will reimburse AHA the full amount of any excess payments within thirty 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

AHA Representative (Please Print)

Title

AHA Representative Signature

Date



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Utility Provider Participation and Payment Acceptance Agreement

Customer Name: _____ Phone #: _____

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

Participation: The Aleutian Housing Authority, hereafter referred to as AHA, administers the Emergency Rental Assistance Program (ERAP) funded by the Department of Treasury. AHA 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 Aleutian Housing Authority's Emergency Rental Assistance Program; or
- I want to participate in the Aleutian Housing Authority'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/DUNS # _____

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 AHA 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 AHA 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 AHA 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 AHA 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 AHA. If a duplicate assistance payment through another such program is received, I will reimburse AHA 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

AHA Representative (Please Print)

Title

AHA Representative Signature

Date

Submit completed form by clicking on the [Submit Form Button] or email: era@ahaak.org or Fax 1-833-899-8155