

Confederated Tribes of the Goshute Indian Reservation Goshute Housing Authority

EMERGENCY RENTAL ASSISTANCE INFORMATION

Eligibility (Priority Preference)

An "eligible household" is defined as a renter household in which at least one or more individuals meets the following criteria: <https://www.huduser.gov/portal/datasets/mtsp.html>

1. Enrolled member of the Confederated Tribes of the Goshute Reservation.
2. Has a connection to the Goshute Tribe by way of marriage, has children of a member of the Goshute Tribe.
3. An enrolled member of a federally recognized Tribe or employed by the Goshute Tribe or it's entity.
4. A non-Indian.
5. Must have a lease for rental. If moving into a new unit, must submit a lease. Must be a rental unit, not owned.
6. Must be able to show a financial hardship due to COVID-19 (loss of job, decrease of hours, etc.)
7. Income must be below 80% of Area of Medium Income of residence. (see website above)
8. Demonstrates a risk of experiencing homelessness or housing instability.
9. Cannot be duplicative of any other federally funded rental assistance provided to the household.
10. Individuals who have been unemployed for the 90 days prior to application for assistance and households below 50% of the area median will be prioritized for assistance.

Allowable Costs

1. Rental Deposits.
2. Utility Deposits
3. Rental Arrears (to March 15, 2020) The payment of existing housing related arrears that could result in eviction of an eligible household is prioritized.
4. Late Fees.
5. Current Rental Charges.
6. Payment is paid directly to the landlord, or Utility Company (electricity, water, sewer, trash, gas)
Telephone and cable are not considered utilities.

How do I apply

1. Fill out the attached application and submit to the Goshute Housing Authority.
2. Either total income for calendar year 2020 or the household's monthly income at the time of application.
3. Sign and submit the Affirmation and Consent Form.
4. If you have questions call the Goshute Housing Office at 435-234-1174.

*Confederated Tribes of the Goshute
Indian Reservation
Goshute Housing Authority*

EMERGENCY RENTAL ASSISTANCE APPLICATION

Emergency Rental Housing Assistance Funds are provided to help rental households who are at risk of being evicted or becoming homeless and are seeking emergency rental assistance. To qualify, households must have experienced a loss of income or financial hardship directly or indirectly due to COVID-19. The household must also qualify their household gross income using the 2020 Area Median Income. Your household gross income must be at or below the 80% Area Median Income. If you own your home or rent to own, you cannot use this program.

Once you have completed the application and gathered the required documents, your application can be submitted in one of three ways.

1. It can be mailed to:

Goshute Housing Authority
HC 61 Box 6035
Ibapah, Utah 84034

2. It can be scanned and emailed to: goshutehousing@gmail.com
3. It can be hand delivered.

If you have any questions regarding the application, please call the office at **(435)234-1174**. If you do not reach anyone, please leave a message or call back.

Please include copies of the following required documents with your completed application:

- o Proof of Income.
- o A fully executed, signed and current lease agreement/
contract.

DATE RECEIVED BY OFFICE: _____

ELIGIBILITY INFORMATION STATEMENT

(Emergency Rental Assistance Program)

To be submitted by Tenant to Goshute Housing Authority along with an Application for funding.

The tenant listed below is filling out, attesting to, and signing this Eligibility Information Statement. The Tenant has applied to the Goshute Housing Authority for U.S. Department of Treasury's Emergency Rental Assistance under the Consolidated Appropriations Act, 2021. To determine the Tenant's eligibility for this COVID-19 pandemic program, the Tenant must submit this Statement, as well as the Application, to the Goshute Housing Authority. The Tenant's Landlord and Utility Provider(s) are not part of this Eligibility Information Statement.

Tenant (member of Household applying):	
Housing Unit:	
Name of Landlord:	
Name of Utility Provider(s), if any:	

- 1) Have one (1) or more individuals in your Household qualified for unemployment benefits? Yes No
- If "yes", skip question 2 and proceed to Question 3. If "no", proceed to Question 2, as you may still qualify for assistance.

- 2) Have one (1) or more individuals in your Household experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic? Yes No

If "yes", please describe:	

**IF YOU ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2,
YOU DO NOT QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM.**

- 3) Can one (1) or more individuals in your Household demonstrate a risk of experiencing homelessness or housing instability? Check all that apply:

- Current or past due utility bill(s)
- Current or past due rent notice(s)
- Eviction notice(s)
- Unsafe or unhealthy living conditions

If you checked "Unsafe and unhealthy living conditions", please describe:	

- Other expenses related to housing that were directly or indirectly incurred due to COVID-19. (Examples may be, but are not limited to, relocation expenses or rental fees if your Household was displaced due to COVID-19; accrued late fees; Internet service.)

If you checked "Other expenses related to housing", please describe:	

TO QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM, YOUR HOUSEHOLD MUST HAVE AN INCOME THAT IS LESS THAN EIGHTY PERCENT (80%) OF THE AREA MEDIAN INCOME.

- 4) What was your Household's total income for 2020? \$ _____. If you don't know, please provide your best and most truthful estimate.

- 5) What is your Household's monthly income right now? \$ _____. If you don't know, please provide your best and most truthful estimate.

- 6) How many individuals live in your Household?
 - Adults: _____
 - Children (17 years old and under): _____
 - **TOTAL:** _____

Is your Landlord the Goshute Housing Authority? Yes No

By signing and dating below, I certify that all of my statements made herein are accurate, truthful, and complete. If they are not, then I agree to be indebted to the U.S. Treasury Department and the Goshute Housing Authority for any benefits that I may receive in this program, and I agree and promise to pay back such benefits.

TENANT:

Signature: _____ Date _____

Name (printed): _____

Address: _____

Phone Number: _____ Email: _____

***Confederated Tribes of the Goshute
Indian Reservation
Goshute Housing Authority***

AFFIRMATION AND CONSENT

I swear (or affirm) that the information on this application and all information I have submitted or will submit in support of this application, is true, correct and complete to the best of my knowledge, ability and belief.

I understand that I can be penalized by fine and/or imprisonment for making false statements.

My signature on this application grants permission to contact any parties necessary to verify information that I have provided.

Signature

Date

Confederated Tribes of the Goshute Indian Reservation Housing Authority

DATE RECEIVED BY OFFICE: _____

JOINT LANDLORD AND TENANT APPLICATION (Emergency Rental Assistance Program) Goshute Housing Authority

As Tenant and Landlord, we request that Goshute Housing Authority make the following rental and any utility payments identified below. The Tenant represents, and may be asked to make a showing, that the Tenant is either recently unemployed or has had financial difficulties either directly or indirectly due to the current COVID-19 pandemic. All parties to this application understand and agree that the Emergency Rental Assistance being applied for can only be provided if Goshute Housing Authority has available federal Emergency Rental Assistance funds, the Tenant and the Tenant's Housing Unit are eligible for this program, and the Tenant's maximum benefits in this Emergency Rental Assistance Program have not been exhausted.

Additional assistance may be provided in subsequent months for future 2021 rent or utility payments, but additional applications will be required.

PARTIES AND HOUSE UNIT

- Goshute Housing Authority _____
- Tenant: _____
- Landlord: _____
- Utility Provider(s): _____
- Housing Unit: _____

PAYMENT ASSISTANCE REQUIRED – YEAR 2020

RENT		UTILITIES	
March \$ _____	September \$ _____	March \$ _____	September \$ _____
April \$ _____	October \$ _____	April \$ _____	October \$ _____
May \$ _____	November \$ _____	May \$ _____	November \$ _____
June \$ _____	December \$ _____	June \$ _____	December \$ _____
July \$ _____		July \$ _____	
August \$ _____		August \$ _____	

YEAR 2021

RENT		UTILITIES	
March \$ _____	September \$ _____	March \$ _____	September \$ _____
April \$ _____	October \$ _____	April \$ _____	October \$ _____
May \$ _____	November \$ _____	May \$ _____	November \$ _____
June \$ _____	December \$ _____	June \$ _____	December \$ _____
July \$ _____		July \$ _____	
August \$ _____		August \$ _____	

Please list the day of the month when Tenant's rent is due: _____
Please list the day of the month when Tenant's utility payments are due: _____

ELIGIBILITY AND ADDITIONAL SUBMISSIONS

Indians and non-Indians are eligible for this program, but a participating Household must have income that is less than eighty percent (80%) of the Area Median Income. Please also note that when making awards of these funds, priority is given to households that have incomes less than fifty percent (50%) of the Area Median Income.

Tenants, at or subsequent to submitting this Application, are required to submit an **Eligibility Information Statement** ("Statement") as a part of the application process. The Statement asks for information required by the U.S. Department of Treasury. The Statement examines income, eligibility for unemployment benefits, the financial impact of COVID-19, your Household's risk of homelessness and housing instability, and any provided written attestations. Both this Application and the Statement will have to be sworn to by the Tenant. Using this Application, the Statement, and possibly other documentation, the Goshute Housing Authority will determine whether the Tenant is eligible for Emergency Rental Assistance and whether the Tenant's Household qualifies for priority funding.

OTHER INFORMATION

Please check this box if you have previously provided an application for this Emergency Rental Assistance program, whether to Goshute Housing Authority or another assistance provider. This is being asked of you, in part, because there is a limit on how much financial assistance an individual Household can receive from this particular Emergency Rental Assistance Program.

This Emergency Rental Assistance is funded by The Consolidated Appropriations Act, 2021, which is a federal program to help Tenants and Landlords, as well as improve public health conditions, during the COVID-19 pandemic. The applicants agree that all funding must be used for the purposes intended. The program requires that all assistance provided must be deposited into proper accounts and used only for approval purposes. If the funds are sought and used improper purposes, the applicants shall become indebted to, and shall be required to pay back those amounts to the U.S. Treasury Department and Goshute Housing Authority. Additionally, applicants promise and guarantee that all of the representations that they have made in this Application are accurate, truthful, and complete. This Application for assistance will not be considered complete until Tenant has submitted the additional Eligibility Information Statement.

JOINT EXECUTION OF APPLICATION

TENANT

Signature: _____ Date: _____

Name (printed): _____

Address: _____

Telephone: _____ Email: _____

LANLORD

Signature of owner or authorized agent: _____ Date: _____

Name (printed): _____

Title: _____

Address: _____

Telephone: _____ Email: _____