



Instructions

Please fill out an electronic application if you have access to a computer. If you do not have access to a computer, you may submit using this paper application

Welcome to the Emergency Rental Assistant Program (ERAP) application portal. The Emergency Rental Assistance Program is rental and utility assistance to households experiencing financial hardship due to the COVID-19 outbreak. This assistance is available for those in a lease agreement with a landlord or those who have entered into a lease-purchase agreement. Funding is also available for utility assistance and other expenses related to housing costs (i.e. hotel/motel costs) incurred directly or indirectly due to the COVID-19 outbreak.

Please review the FAQ before applying for assistance to fully understand the program's qualifications and avoid potential rejection or incomplete application. You will need supporting documents for your application, so be sure to have the appropriate files.

If you have difficulty filling out the application, we encourage you to call one of our representatives at (505) 552-7528.

We look forward to reviewing your application and getting this much-needed aid. You will receive a response from our team within 20 days. Once you submit your application, you will receive multiple emails along the process to inform you of your applications status.

Please mail application to:

[Pueblo of Acoma Housing Authority](#)

[Attention: ERAP](#)

[P.O. Box 620](#)

[Pueblo of Acoma, NM 87034](#)

Or email application to:

kvallo@acomahousing.org

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Applicant Information

| | | | | |
|---|---------------------|-----------------------------|--|----------------|
| I am filing on behalf of: <input type="checkbox"/> Myself <input type="checkbox"/> Someone Else | | | | |
| Primary Applicant First Name | | Primary Applicant Last Name | | Middle Initial |
| Date of Birth | SSN/EIN/ITIN Number | Tribal Enrollment No. | Race | Gender |
| Residence Phone Number(s) Home: Cell: | Email Address | | Are text notifications acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Driver's License or ID Number | | | Total Annual Household Income | |

Physical Address Information

| | | | |
|--|--------|-------|--------------------------|
| Actual Physical Address where you reside | | | Building # and/or Apt. # |
| City | County | State | Zip |

Mailing Address Information

| | | | |
|--|--------|-------|--------------------------|
| Is Physical Address also mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Mailing Address | | | Building # and/or Apt. # |
| City | County | State | Zip |



Questionnaire

Late payment cannot exceed 12 months and may include additional 3 months after final review and approval.

| |
|---|
| <p>*Does the household receive Federal, State or Local rental assistance?</p> |
| <p>*As the applicant and tenant, is your name on the lease or rental agreement?</p> |
| <p>*Have you received an eviction notice?</p> |
| <p>What is the monthly amount per the current lease/rental agreement?</p> |
| <p>*Are you currently behind on your lease/rental payments?</p> |
| <p>How many months are you in arrears on lease/rental payments?</p> |
| <p>What is the amount of lease/rental payments arrears you are requesting?</p> |
| <p>How many current/future months are you asking for lease/rental assistance?</p> |
| <p>What is the amount of current and future lease/rental assistance are you requesting?</p> |



Occupant Information

| Household Member Name | Relationship | Date of Birth | Source of Income | Monthly Amount Received |
|---|--------------|---------------|-------------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <i>*List all persons living in unit</i> | | | Total Household Income | |

Landlord Information

| | | |
|---|--------------------|-------------------------|
| Do you make rental payments to an individual or company? <input type="checkbox"/> Individual <input type="checkbox"/> Company | | |
| Landlord First Name | Landlord Last Name | Landlord Middle Initial |
| Landlord Email | | Landlord Phone Number |

Property Owner's Address

| | | | |
|-----------------|--------|-------|-----|
| Mailing Address | | | |
| City | County | State | Zip |



Utility Information

Applicants are eligible for up to 12 months of past due utility payments (no earlier than April 1, 2020) from application submission date.

Utilities may include electricity, gas, internet, water and sewer, trash removal, and energy costs such as propane/fuel oil.

Utilities should not be entered if utilities are paid as part of your lease/rental payments to your landlord.

Telecommunications services, such as telephone and cable are not covered under this subsidy.

Do you understand these allowances and restrictions?

- This program is designed to make payments directly to landlords and utility providers. However, in the rare instance your landlord is unresponsive, or unwilling to accept direct payments, you MAY be eligible to receive payment assistance directly.
- If approved for direct payment as a tenant, payment will be mailed to the mailing address provided in Applicant information.

| | | | |
|-----------------------------------|------------------------------|-------------------------------|---------------------------------|
| *Utility Company Name and Address | *Account Number with Utility | *Utility Company Phone Number | *Amount Owed to Utility Company |
| *Utility Company Name and Address | *Account Number with Utility | *Utility Company Phone Number | *Amount Owed to Utility Company |
| *Utility Company Name and Address | *Account Number with Utility | *Utility Company Phone Number | *Amount Owed to Utility Company |
| *Utility Company Name and Address | *Account Number with Utility | *Utility Company Phone Number | *Amount Owed to Utility Company |

*What is the amount of past due utility payment you are requesting for each utility company?



| |
|---|
| *How many months are you past due on utility payments for each utility company? |
| *How many current/future months are you asking for utilities? |
| *What is the amount of current and future utility assistance you are requesting for each utility company? |

Documentation

Required Documentation

1. *Proof of Government Issued ID or Documents: Driver's License, Visa, Passport, Military ID, Consulate Card, Foreign National ID, Department of Homeland Security (DHS) Form I-94, DHS Form I-862, Immigration and Customs Enforcement (ICE) I-220A, I-220B
2. Do you have Proof Tenancy such as the following items? Please attach as many of these documents as you have. Signed Lease or Rental agreement; or a statement from the landlord or property owner indicating the month(s) and amount and/or past due; eviction notice; notice of delinquency; court eviction documentation; photographs of unsafe or unhealthy living conditions; deed/title or mortgage for the rent to own agreement property, evidence of payments for temporary displacement due to eviction or COVID-19 displacement (room service charges or movie rental/purchases are not included) or other documentation that reasonably establishes a pattern of paying rent.
3. Do you have Proof of Income (Income Verification to be provided for every household applicant included in the application over the age of 18 years) 3 months of most recent pay stubs: W-2, 1040 Tax Form; Form 1099-G or unemployment benefit award statement; a copy of job/loss termination, furlough, or reduction in hours and/or pay from employer during eligible pandemic period starting April 2020; a notarized affidavit signed that includes the family member who is self-employed to include name of business, and narrative confirming economic impact on self-employment during pandemic period; 2 most recent months of bank statements; low income determination document made by another government entity; copy of documentation evidencing additional Federal or State Rental Assistance; or other documentation as requested by the Department to determine eligibility.

(Optional): Other supporting documentation

1. Please provide a copy of your latest Proof of Unemployment Support from Department of Workforce Solutions, if you receive unemployment.
2. Please attach a copy of the eviction notice; Notice, Summons, and/or any Court Related Notice.
3. Please provide a copy of your Certificate of Indian Blood (CIB).



Attestation Information

1. I/We are eligible for this award due to financial hardship related to COVID.
2. I/We certify that all information given to the Emergency Rental Assistance Program is accurate and complete to the best of my/our knowledge and belief.
3. I/We understand that false statements I/we give to the Emergency Rental Assistance Program may be punishable under Federal, State, or Local law.
4. I/We also understand that false statements or information will be grounds for denial of our application, termination of rental or utility assistance and/or debarment from participating in other current or future assistance programs.
5. I/We understand that this is an application for assistance and signing this application does not bind the Emergency Rental Assistance Program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
6. I/We have no objection to inquiries for the purpose of verifying the facts herein stated.
7. I/We have received, read and understand that Emergency Rental Assistance Program eligibility and compliance requirements.
8. Your signature on this form and the signature of each member of your household, who is 18 years of age or older, authorizes the Emergency Rental Assistance Program to use this authorization and the information obtained with it, to administer and enforce rules and policies.
9. Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement agencies, landlords, past and present employers, Social Service, utility companies, and unemployment benefits. By signing this form, I authorize the above persons, firms or corporations to make available any documents or record to the Emergency Rental Assistance Program for inspection.
10. I hereby certify that I authorize the Emergency Rental Assistance Program to publish information regarding me/my household (NOT including personally identifiable information) or my organization (i.e., for landlords) and any awards which I may receive on a searchable public website as part of it public transparency and accountability efforts.

Signature

Print Name

Date of Attestation



P.O. Box 620
Pueblo of Acoma, NM 87034

"Providing Safe and Affordable Housing Opportunities"

Phone: (505) 552-7528
Fax: (505) 552-9093

Attestation of Applicant for Emergency Rental Assistance

I, _____, am applying for Emergency Rental Assistance from the Pueblo of Acoma Housing Authority and hereby attest to the following (initial all that apply):

1. _____ Neither I or any of my household members has applied for or received assistance or subsidy for which I am applying from any other service provider.
2. _____ I am unable to provide evidence of my income due to the following reasons: _____
_____.
3. _____ I or a household member has/have applied for unemployment benefits. I am in the process of obtaining documentation from NM Workforce Solutions.
4. _____ I or a household member is currently receiving unemployment benefits. I am in the process of obtaining documentation from NM Workforce Solutions.
5. _____ One or more of my household members have experienced a decrease in income, incurred significant costs, or experienced other financial hardship due to the COVID-19 outbreak.
6. _____ I am either temporarily, or permanently displaced, or I do not have a permanent residence.
7. _____ I am unable to provide a rental agreement or other documentation of my rental amount because of the following reason: _____
_____.

My monthly rental amount is \$ _____. I will provide the documentation prior to applying for assistance for the next 3-month period.

8. _____ I have applied for internet service assistance. I use my internet services for school, teleworking, medical or counseling appointments, to receive governmental services, meetings with my landlord, or housing inspections.
9. _____ I have applied for a grant of a laptop. I do not have access to a computer or laptop. I require the use of a laptop for school, teleworking, medical or counseling appointments, to receive governmental services, meetings with my landlord, or housing inspections.

I hereby declare that all information provided herein is correct and complete, and that all information I have provided is subject to verification by the Pueblo of Acoma Housing Authority. I understand and acknowledge that providing false or incomplete information may require that I repay all assistance provided and may disqualify me from receiving future assistance. I may also be subject to criminal penalties if I receive assistance by providing false information.

Printed Name of Declarant

Date

Signature