

Application Number (Enrollment #): _____



Walker River Paiute Tribe
EMERGENCY RENTAL ASSISTANCE PROGRAM
GENERAL INFORMATION

Program Eligibility Criteria:

- Eligible enrolled Tribal members 18 years or older may receive up to 12 months of assistance through the Emergency Rental Assistance Program (ERAP). Members may be eligible for an additional three months of assistance if the Walker River Paiute Tribe (“Tribe”) determines the additional months are necessary to ensure housing stability and funds are available, as a direct result due to COVID-19. Applicants for ERAP assistance must be obligated to pay rent on a residential dwelling and meet the three criteria below:
 - Qualifies for unemployment or experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
 - One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
 - The household has a household income at or below 80% of area median income.
- The ERAP program can provide rental and utility assistance to eligible members under the following conditions:
 - Any rent in arrears needs to be applied for and funded, prior to being eligible for future rent and/or utility assistance.
 - All vendors (landlords, rental agencies and/or utility companies) must agree to accept payment from the Tribe and complete the necessary documentation. The Tribe will work directly with landlords and utility service providers once a member has been determined to be eligible for ERAP assistance.
- Applicant must be an enrolled member of the Walker River Paiute Tribe. Each member must submit proof of enrollment with the application.
- Proof of income for **all** household members at the time of application is required. Proof of income includes:
 - 2020 tax returns for all household members; or
 - Proof of income for at least the 30 days prior from date of application for **all household members.**
- Complete applications with **all** required supporting documentation will be processed in the order listed below:
 - Eligible households where the income of the household does not exceed 50 percent of the area median income for the household.

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- Or an individual within the household is unemployed as of the date of the application for assistance and has not been employed for the 90- day period preceding such date.
- All other complete applications that have required supporting documentation.
- Applications will be accepted beginning April 1, 2021 through December 10, 2021.
- **Late applications will not be accepted.**
- Members wishing to apply for assistance through the ERAP program will be required to accurately complete all sections of the application and provide the required supporting documents before applications can be processed. In order to provide rental or utility assistance as quickly as possible it is **imperative** the member be prepared to submit a complete application.
 - Applications and supporting documents should be submitted through the online application portal for immediate processing.
 - Applications may be submitted by U.S. Mail but will be processed after all applications submitted online have been processed which could result in a delay in receiving assistance.
 - Assistance is available to members who do not have internet access or are unable to mail in the application by calling 775.773.2306 ext. 2304. Applications will not be processed until all required supporting documentation is received and has been uploaded to the online portal.
 - Applications and supporting documentation may be delivered to the drop box located on the east side of the parking lot of the Administration Building. Applications hand delivered to the drop box will be processed after all applications submitted online and via telephone have been processed which could result in a delay in receiving assistance.
- Only one application per household will be accepted, regardless of the number of WRPT members in each household. Please **do not** submit multiple applications, duplicate applications will not be reviewed as it will delay the review and approval of all applications.
- All sections of the application must be completed and required supporting documentation must be attached for an application to be reviewed. Incomplete applications will not be reviewed until all required information is received.
- The Tribe will use official enrollment information including enrollment number, member name and address on file with the Enrollment Office for verification of enrollment.
 - Members who have a name or address change must contact the Enrollment Office to formally request a name or address change to their enrollment record.
- **Email is the fastest and preferred method of communication. Please be sure to list an email address and current telephone number on the application.**

APPLICATION INSTRUCTIONS

Applications must be submitted through the portal at

www.wrpt.collectivestrategies.com

Individuals needing assistance or who do not have access to the internet may apply via US Mail (postmarked by the deadline), in drop-box at the East end of the Tribal Hall or by calling the ERAP assistance line during regular business hours. Applications not submitted through the portal will be processed after those submitted electronically.

Mail application to:

Walker River Paiute Tribe
 ATTN: WRPT ERAP
 P.O. Box 220
 Schurz, NV 89427

Telephone:

775.773.2306 ext. 2304

- Please complete all sections of the application and attach required supporting documentation. An incomplete application will not be processed - written notification will be sent to the applicant indicating missing information on the application.
- Application Page 1:
 - Please review eligibility criteria, the tribal member (applicant) must be obligated to pay rent on a residential dwelling and meet the following criteria:
 - Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
 - Demonstrates a risk of experiencing homelessness or housing instability; and
 - Eligible assistance expenses must be incurred during March 12, 2020 - December 31, 2021; and
 - Has a household income at or below 80 percent of the area median.
 - Monthly and/or Yearly Gross Income Limit by Household Size in the county you are residing in. Below are State of Nevada counties. If you reside outside the state of Nevada please [click here](#) and select your region.

80% Median Area MONTHLY Income by Household Size ¹								
County	1	2	3	4	5	6	7	8
Carson City	\$ 3,512.50	\$ 4,012.50	\$ 4,512.50	\$ 5,012.50	\$ 5,416.67	\$ 5,816.67	\$ 6,216.67	\$ 6,616.67
Churchill	\$ 3,500.00	\$ 4,000.00	\$ 4,500.00	\$ 5,000.00	\$ 5,400.00	\$ 5,800.00	\$ 6,200.00	\$ 6,600.00
Douglas	\$ 3,520.83	\$ 4,020.83	\$ 4,525.00	\$ 5,025.00	\$ 5,429.17	\$ 5,829.17	\$ 6,233.33	\$ 6,633.33
Elko	\$ 4,287.50	\$ 4,900.00	\$ 5,512.50	\$ 6,120.83	\$ 6,612.50	\$ 7,104.17	\$ 7,591.67	\$ 8,083.33
Lyon	\$ 3,500.00	\$ 4,000.00	\$ 4,500.00	\$ 5,000.00	\$ 5,400.00	\$ 5,800.00	\$ 6,200.00	\$ 6,600.00
MinERAPI	\$ 3,500.00	\$ 4,000.00	\$ 4,500.00	\$ 5,000.00	\$ 5,400.00	\$ 5,800.00	\$ 6,200.00	\$ 6,600.00

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80% Median Area YEARLY Income by Household Size ¹								
County	1	2	3	4	5	6	7	8
Carson City	\$ 42,150.00	\$ 48,150.00	\$ 54,150.00	\$ 60,150.00	\$ 65,000.00	\$ 69,800.00	\$ 74,600.00	\$ 79,400.00
Churchill	\$ 42,000.00	\$ 48,000.00	\$ 54,000.00	\$ 60,000.00	\$ 64,800.00	\$ 69,600.00	\$ 74,400.00	\$ 79,200.00
Douglas	\$ 42,250.00	\$ 48,250.00	\$ 54,300.00	\$ 60,300.00	\$ 65,150.00	\$ 69,950.00	\$ 74,800.00	\$ 79,600.00
Elko	\$ 51,450.00	\$ 58,800.00	\$ 66,150.00	\$ 73,450.00	\$ 79,350.00	\$ 85,250.00	\$ 91,100.00	\$ 97,000.00
Lyon	\$ 42,000.00	\$ 48,000.00	\$ 54,000.00	\$ 60,000.00	\$ 64,800.00	\$ 69,600.00	\$ 74,400.00	\$ 79,200.00
MinERAPI	\$ 42,000.00	\$ 48,000.00	\$ 54,000.00	\$ 60,000.00	\$ 64,800.00	\$ 69,600.00	\$ 74,400.00	\$ 79,200.00

¹https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn

- List all household members and include enrollment number and provide proof of enrollment, and list each household member's income.
- If requested, additional documentation must be received within 5 days of request.
- Provide proof of income for all household members in the household, 2020 tax returns and/or monthly income at time of application for all household members.
- All applications must be signed - digital signatures are preferred
- Please direct all application questions to: wrptcares@wrpt.org
- Review carefully and sign.
- Please use the check list below to assist you with gathering the required supporting documents to submit as part of your application:
 - HOUSEHOLD IDENTIFICATION:
 - Government issued ID, Birth Certificate, Voter Registration, Tribal documents, Health Benefit ID
 - PROOF OF FINANCIAL CRISIS DUE, DIRECTLY OR INDIRECTLY TO COVID-19 OUTBREAK:
 - Unemployment Benefit award letter,
 - Proof of reduction in household income,
 - Proof of significant costs or experienced other financial hardship,
 - A written and signed attestation from your employer is acceptable
 - If documentation is not obtainable a written and signed attestation detailing the hardship is acceptable
 - PROOF OF HOMELESSNESS, OR AT RISK OF HOUSING INSTABILITY:
 - Eviction Notice or Late Notice
 - Correspondence from employers, landlords, caseworkers or others with knowledge of the household's circumstances.

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- INCOME EARNED AND UNEARNED (must provide proof of all income that apply, for all household members):
 - Current pay stubs for at least the last 30 days (if available)
 - 2020 1040 Tax Statement or W-2's
 - Award letter from Unemployment
 - Social Security award letter
 - Proof of other income (e.g., Child Support, Spousal Support, Self-Employment, etc.)
 - Bank Statements demonstrating regular income
 - Self-Employment Records
 - Written and Signed Attestation from an Employer
 - Pensions, Retirement
 - Annuities

- RENTAL VERIFICATIONS:
 - Current Lease Agreement signed by the applicant and the landlord or sublessor that identifies where the applicant resides and establishes the rental payment amount
 - Evidence of paying Utilities for the residential unit
 - Written Attestation by the landlord, who can be identified as the verified owner or management agent
 - In the absence of a signed lease, evidence of the amount of a rental payment may include bank statements, check stubs, or other documentation that reasonably establishes a pattern of paying rent

- UTILITY VERIFICATIONS (Utilities and home energy costs that are covered by the landlord will be treated as rent):
 - Bill
 - Termination Notice
 - Invoice or evidence of payment due to the provider of the utility or home energy service

- OTHER EXPENSES (AS APPROPRIATE):
 - Relocation expenses and rental fees
 - Reasonable accrued late fees
 - Internet Service

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WALKER RIVER PAIUTE TRIBE
EMERGENCY RENTAL ASSISTANCE PROGRAM
APPLICATION

WRPT Applicant Information

Date: _____

Person completing application: ___ Tribal Member ___ Landlord

Tribal Member (household applicant): _____

Tribal Affiliation: _____ Enrollment #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Applications for rental assistance may be submitted by an eligible Tribal member of a household, or landlords on behalf of an eligible household. If a landlord submits on behalf of a tenant, the landlord must notify the tenant and obtain the tenant's consent (consent page attached).

Household and Financial Information

List all household members, if you need additional space, please attach/upload an additional sheet.

Marital Status: Single (S) or Married (M)

Race (only required for primary applicant): Non-Hispanic White (W), Hispanic or Latino - of any race (H), Black or African American (AA), Asian (A), Two or more races (2), Native Americans and Alaska Natives (NM), Native Hawaiians and Other Pacific Islanders (NH), or Other (please indicate)

Name (Last, First)	Relationship	Marital Status	Race	Sex M/F	DOB	Social Security Number	Roll #
1.	Self						
2.							
3.							
4.							
5.							
6.							

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GROSS MONTHLY INCOME (before taxes, for at least the last 30 days from date of application and/or 2020 tax return) is required for all household members. **Proof of income is required.** If you received unemployment, provide documentation of unemployment benefits.

Name of household member receiving the income	Type of Income (employment, child support, TANF, Social Security, Unemployment, etc.)	Date received or how often received (monthly, weekly, biweekly, bimonthly etc.)	Gross Monthly Amount
1.			
2.			
3.			
4.			
5.			

- What is considered income?
- Adoption Assistance
 - Alimony
 - Annuities
 - Cash gifts – regular
 - Child Support
 - Contract for Deed
 - Disability Insurance
 - Dividends
 - Earned Income (wages, salaries, bonuses)
 - Foster Care Payments
 - Informal Income
 - Inheritance
 - Interest
 - Lump Sum – nonrecurring (only counted in the year the funds are received)
 - Lump Sum – recurring
 - Military Pay
 - Pensions
 - Rental Income
 - Retirement
 - Royalties
 - Self-Employment Income
 - Social Security Benefits (SS, SSD)
 - Supplemental Social Security Benefits (SSI)
 - Stimulus Check
 - Strike Benefits
 - Temporary Assistance for Needy Families (TANF)
 - Tribal TANF
 - Tribal General Assistance
 - Tribal Per Capita payments from gaming revenue, land leases, or other payments subject to federal tax
 - Trust Fund
 - Unemployment Insurance
 - Veterans Benefits
 - Workers Compensation

If you experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak – explain in detail these circumstances:

EMPLOYMENT HISTORY (If you need additional space, please attach/upload an additional sheet.)

Household Member Working	Employer Name	Start Date	End Date (if any)
1.			
2.			
3.			
4.			
5.			

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1. Is one or more individual within the household at risk of experiencing homelessness or housing instability?

Yes _____ No _____ If yes, please explain: _____

2. Has anyone in the household received any of the following types of assistance (as of March 2020)? **If yes, please provide organization name, type of assistance and dates of assistance.**

a. Rental Assistance: Yes _____ No _____ If yes, please explain: _____

b. Utility assistance: Yes _____ No _____ If yes, please explain: _____

c. Other Housing Assistance (e.g. late fees, internet, relocation expenses) : Yes _____ No _____ If yes, please explain: _____

3. Does the household reside in low-income housing? Yes _____ No _____ If yes, state the type of assistance received and amounts: _____

Assistance Requested due to COVID-19:

Does the household have an eviction notice or a past due notice for rent or utilities? Yes _____ No _____

If yes, please provide a copy with the application. Must be able to provide proof of past due rent and/or utilities and any forward rent being requested (e.g. lease agreement, current utility bill, eviction notice, etc.)

Rent In Arrears: Yes _____ No _____

Month(s) Requested	Total Amount Requested	Landlord or owners name	Landlord Address	Landlord Phone Number or Email

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Utility: Yes _____ No _____ (excludes phone and cable)

Month(s) Requested	Total Amount Requested	Utility Company (and type of utility)	Utility Address	Utility Agency Phone Number or Email

Future Rents: Yes _____ No _____ (max of 3 months per certification period)

Month(s) Requested	Total Amount Requested	Landlord or owners name	Landlord Address	Landlord Phone Number or Email

Does the household have other allowed expenses related to housing (e.g., relocation expenses, rental fees, security deposits, reasonable accrued late fees and internet service)? Yes _____ No _____

If yes, please provide a copy with the application. Must be able to provide proof of other allowed expenses related to housing (e.g. relocation expenses, rental fees, reasonable accrued late fees and internet service)?

Relocation Expenses: Yes _____ No _____ (max of 3 months per certification period)

Month(s) Requested	Total Amount Requested	Company or Agency Name	Company or Agency Address	Company or Agency Phone Number or Email

Application Number (Enrollment #): _____

Internet Expenses: Yes _____ No _____ (max of 3 months per certification period)

ONLY AVAILABLE TO HOUSEHOLDS WITH K-12 DISTANCE LEARNERS, TELEWORKERS OR INDIVIDUALS USING TELE-MEDICINE

Month(s) Requested	Total Amount Requested	Company or Agency Name	Company or Agency Address	Company or Agency Phone Number or Email

VOCA Information:

Is anyone in the household a recent Victim of a Crime? Yes _____ No _____ If you would like to receive more information please [click here](#).

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All Adult Household Members Must Read and Sign (Application and Release of Information)

By signing this application, I attest that the information on this application and the documentation I provide now and in the future to support this application is correct and true to the best of my knowledge.

I (we) hereby authorize the staff of the Walker River Paiute Tribe (WRPT) Administration to obtain and exchange information with the following agencies/programs for the purpose of verifying information reported on this application.

- WRPT Administration Departments
- Social Security Administration Programs
- Unemployment Department
- Department of Health & Human Services
- WRPT Tribal Courts / Child Support Services
- Utility Company(ies)
- Domestic Violence Programs
- Other State, Federal and other Tribal Offices not listed herein
- Employer
- Landlord/ Property Manager
- Housing Assistance Agencies

I hereby authorize the WRPT Administration staff and its agents access to any of my records to verify information I provided in my WRPT Emergency Assistance Program (ERAP). I also consent to any required investigation by the WRPT to confirm information I provided from any State, Federal or Tribal offices or other agencies so that the WRPT can determine if I am eligible for assistance available through the ERAP Program. I understand that the ERAP is a benefit assistance program and not an entitlement. I understand such assistance may be considered income for other entitlement program. I understand it is my responsibility to determine any impact program assistance funds I receive may have on public assistance I currently or in the future may receive. If I receive assistance because of withholding information or by knowingly providing false or fraudulent information, I agree to repay the assistance and I understand may be found guilty of fraud and subject to Tribal and/or Federal criminal prosecution. If my application is denied, I understand I may submit a written request for review within ten (10) days of the date of denial. I understand that no person may be denied assistance based on race, color, sex, age, religion, national origin, or political belief. I agree to all terms of this release and disclaimer and I am allowing the WRPT Administration access to my personal information to process my application. By signing this application, I understand that if I am approved, I will be notified at a later date.

Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

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**CONSENT FOR LANDLORD OR UTILITY COMPANY TO
SUBMIT APPLICATION ON BEHALF OF APPLICANT**

If you are a landlord completing the ERAP application on behalf of an applicant and fail to submit this form and/or proof of authorization, it will result in denial of assistance from the ERAP program.

WRPT Applicant Information

Tribal Member (household applicant): _____

Tribal Affiliation: _____ Enrollment #: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Landlord/owner/company/agency applying on applicant's behalf

Name of landlord/owner/company/agency: _____

Name of representative: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

**AUTHORIZATION TO APPLY FOR THE
EMERGENCY ASSISTANCE PROGRAM ON APPLICANT'S BEHALF**

INSTRUCTIONS: If the applicant would like to authorize the applicant's landlord or a utility provider to represent him/her in applying for and/or renewing WRPT ERAP Program assistance, the applicant or his/her legal representative must sign the authorization below.

I understand that I will be the applicant for WRPT ERAP Program assistance and hereby authorize the person, or the facility/company/agency named on the prior page of this form to represent me in the WRPT ERAP Program application and/or renewal process.

I authorize the release of necessary information/documentation between the WRPT and the person or facility/company/agency named above regarding my application and/or continuing eligibility.

I understand that I must sign the WRPT ERAP Program application and in compliance with the ERAP Program requirements.

Applicant Signature

Date