

# COVID Emergency Rental Assistance (CERA) Application for Individuals and Households

## Instructions:

**PLEASE NOTE: This program does not pay for mortgage, utilities or any other costs associated to the mortgaged home.**

Complete this form if:

- You have a rent payment or utility payment associated with the rental. (Payments for Fond du Lac Housing Homeowner and Fond du Lac Development Homeowner houses qualify.)
- Your outstanding housing related expense is due to unemployment, illness, or another issue that happened as a result of the COVID-19 pandemic

You will be asked to provide the following documentation (or pictures of the documentation):

- Personal identification number from a state issued ID, driver's license, passport, ITIN, Tribal ID or other form of ID. The documents do not need to be provided. Verification of balance owed (utility bill, past due rent bill, etc.)
- Contact information for the organization to be paid (landlord, utility company, etc.)
- Proof of your total gross income from the prior four weeks. Income must be at or below 80% of the area median income per HUD guidelines.

After you complete this form, it will be reviewed for eligibility. You may be contacted for additional information before receiving final approval or denial. Approvals are subject to funding availability.

Deadline for applications is December 13, 2021 at 5:00pm.

## A. Applicant Information:

Last Name:		First Name:	
Street Address:	City:	State:	Zip Code:
Email Address:		Phone Number:	County:
Number of children under the age of 18 living with you?		Number of adults 18 years of age and over, including you, living in your home?	
Race (select all categories that apply): The information is optional. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		Ethnicity: This information is optional. <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	

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<b>B. Housing Status and Type of Assistance/Amount:</b>			
	Amount:	Organization to be paid (include Account #):	Organization Email/Phone:
Rental Assistance			
Manufactured Home Lot Rent			
Utility Assistance			

*Attach verification of balance owed for rent, utility bill, lot rent, etc.*

I cannot attach these documents

NOTE: If you cannot attach verification, paper copies must be delivered to the Housing Division office. Please call (218) 878-8050 for additional guidance.

Optional: Have you or someone in your household previously been evicted?  YES  NO

Optional: Have you or someone in your household previously experienced homelessness?  YES  NO

**C. Income Information:**

How much total gross income did your household receive in the past four weeks? \_\_\_\_\_  
(Gross income includes but is not limited to gross wage income, per capita payments, cash assistance such as Social Security Income or public assistance, unemployment compensation, worker's compensation, severance pay, child support, alimony or foster care payments.)

*Attach verification of current income (e.g., paystubs, benefit letter, proof of unemployment)*

I cannot attach these documents

NOTE: If you cannot attach verification, paper copies must be delivered to the Housing Division office. Please call (218) 878-8050 for additional guidance.

**D. Certification:**

- I certify that I am applying for assistance because one of the following applies to my household:
  - A household member qualified for unemployment benefits; or
  - A household member experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- I attest that I am not receiving any other source or assistance to pay for the household related expense(s) listed in Section B.
- I attest that I am unable to make payment(s) owed because of the public health emergency due to unemployment, illness, or another COVID-19 related issue.
- I attest that the information entered on this intake form is true and accurate. I understand that I may be asked to provide further verification at a later point.

**PRIVACY DATA WARNING**

Be aware that email is not a secure way to send private information over the internet. There is a possibility that information you include in an email, including attachments, can be intercepted and read by other parties besides the person or group to whom it is addressed.

By checking this box, I acknowledge that I have read and understood the above warning.

X Client Signature	Date	X Fond du Lac Band of Lake Superior Chippewa Housing Division Office	Date
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## COVID-19 Emergency Rental Assistance (CERA) Household Certification and Release of Information Form

### Certification

By signing below, I, \_\_\_\_\_ certify that the information presented in this application, as well as the information provided to the Fond du Lac Band of Lake Superior Chippewa, is true, accurate and complete to the best of my knowledge. I understand that the information submitted in this application may be subject to further verification.

I also understand that providing false representations in my application constitutes an act of fraud. False, misleading or incomplete information may result in the denial, termination and/or repayment of assistance.

### Release of Information

I, \_\_\_\_\_ do hereby authorize the Fond du Lac Band of Lake Superior Chippewa to obtain and/or release information from the following agencies and/or individuals listed below:

I authorize the following information to be \_\_shared with and/or \_\_received from:

All information relating to my need for COVID-19 Emergency Rental Assistance, including verification of past due housing related expenses and eligibility for assistance.

Other: (List) \_\_\_\_\_

I understand that my records are protected under state and federal law and cannot be shared without my written permission unless otherwise provided for in the regulations. I also understand that I do not have to agree to release this information, but it may affect how much the agency can help me.

I understand that I may cancel this permission at any time; however, this will not affect information released before I withdrew my consent. I also understand that this permission expires after the reason or purpose of this consent has been fulfilled and no later than one year from the date signed.

I understand that information disclosed to and received from the persons and organizations named above will only be shared with organization staff or individuals to determine my eligibility for COVID-19 Emergency Rental Assistance.

Any release of private information is not allowed except as authorized above.

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Print Name

x

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Signature

Date