



**CHIEF  
SEATTLE  
CLUB**

Providing a Space to Nurture,  
Affirm, and Renew the Spirit of  
Urban Native People.

### **Eviction Prevention Program – Client Checklist**

Welcome Relatives! The Chief Seattle Club has received grant funding to assist families and individuals in clearing their rental arrears and utility debt. This program has been funded by the US Treasury as part of the response to the Covid-19 pandemic. As the federal moratorium on evictions is being lifted, we expect to see a wave of families facing legal actions and evictions. It is our goal to avoid those situations and stabilize the household by paying off those debts.

**In order to qualify for assistance your household must meet the following eligibility requirements:**

- Combined household income below 80% of Area Median Income.
- Must reside within Washington state.
- CSC must receive a W9 or Tax ID # from your landlord/leasing company.

To process your file quickly and efficiently, we ask that you gather the following documents ahead of time.

- Proof of Income – Combined income must be below 80% of AMI.**
- Copy of award letters for all household benefits (TANF, SNAP, etc...).**
- Copy of Lease Agreement – Must be signed by Head of Household.**
- Copy of Ledger balance or Eviction Notice.**
- Past Due Utility bill or Shutoff notice.**

After receiving your documents we will contact your landlord to request their Tax ID information. We will be unable to process the payment until we receive the tax info from your landlord, which can cause some delay. Checks will be processed and sent directly to your property owner.



# ERAP 2.0 - Household Information & Eligibility Form Version 1

Instructions: Use this form to screen and document household eligibility.

## 1. Household Information

<b>Household ID:</b> <small>(cannot include personal identifying information such as initials or birth date in ID)</small>	<b>Date:</b>
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**Name:**

WA State is collecting demographic data on head of households assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional.

<b>Gender:</b>	Female	Male	Transgender	Gender non-conforming	Refused / Don't Know			
<b>Ethnicity:</b>	Non-Hispanic/Non Latinx		Hispanic/Latinx	Refused / Don't Know				
<b>Race:</b>	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Multiple races	White	Refused / Don't Know	
<b>Head of Household is 18-24 or Unaccompanied Youth 16-17:</b>	Yes	No	Refused/Don't know	<b>Rental Type:</b>		Leased Rental Unit	Family/Friends	Hotel/Motel
				RV lot/Space rent	Other	Refused/Don't know		

## 2. Household Eligibility - must meet both screening criteria.

<b>Income at or below 80% of Area Median Income (AMI).</b>	<b>Documentation required:</b> <input type="checkbox"/> Calculation Worksheet and Income Documentation: see 3, 4 and 5 below for details.
<b>Rent Due - Any missed rent payment not paid or partially unpaid since March 1, 2020 and still occupying the residence.</b>	<b>Documentation required:</b> <input type="checkbox"/> Rent Payment Agreement Form. <input type="checkbox"/> Verbal verification of missed or partially paid rent completed (if receiving utilities only).

## 3. Income Calculation

Current income (average over last 60 days) or income from calendar year 2020 must be at or below 80% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking to maintain housing together.

If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.

If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method:  $\$(60 \text{ days of total income})/2 = \text{Average income} \times 12 \text{ months} = \text{Annual income}$

Household name/ household members	Source of Income (see income types below)	Gross Income in a pay period	Calculation method	Annual Income
Example: John Smith	wages	\$1,000	12	\$12,000
				\$
				\$
<b>Household Annual Income:</b>				\$
<b>80% AMI for household size in county:</b>				\$

Income at or below 80% of Area Median Income (AMI)

#### 4. Income Type & Documentation

Type of income:	Check the box for income type: <input checked="" type="checkbox"/>	How to document: Grantees can collect the below source documentation to document income, or defer to a self-certification by the applicant.
No Income		Self-certified/stated by the household.
Wages and Salary Income		Copy of most recent pay stub(s). <b>OR</b>
		Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation. <b>OR</b>
		Self-certified/stated by the household.
Self-Employment and Business Income		Copy of most recent federal and state tax return, profit and loss report from applicant's accounting system, or bank statement. <b>OR</b>
		Self-certified/stated by the household.
Pension/ Retirement Income		Copy of most recent statement, benefit notice from Social Security, pension provider or other. <b>OR</b>
		Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount. <b>OR</b>
		Self-certified/stated by the household.
Unemployment and Disability Income		Copy of most recent payment statement or benefit notice. <b>OR</b>

		Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. <b>OR</b> Self-certified/stated by the household.
TANF/ Public Assistance		Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS). <b>OR</b>
		Verbal verification from source that includes name of income source, income amount, and frequency of income. <b>OR</b>
		Self-certified/stated by the household.
Alimony, Child Support, Foster Care Payments		Copy of most recent payment statement, notices, or orders. <b>OR</b>
		Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. <b>OR</b>
		Self-certified/stated by the household.
Armed Forces Income		Copy of pay stubs, payment statement, or other government statement indicating income. <b>OR</b>
		Dated mail, fax, email verification or verbal verification that includes name of income source and income amount. <b>OR</b>
		Self-certified/stated by the household.

### 5. Income Self-Declaration

**Narrative:**

*(source, amount, frequency)*

**Check box for no income:**

**Household Signature:**

**Date:**

*(verbal or electronic verifications by staff, and electronic signatures in place of wet signature are allowable)*



# Eviction Rent Assistance Program 2.0 (ERAP 2.0) Rent Payment Agreement Form Version 1

**Instructions for housing provider if tenant is applying:** Complete Sections 1 and 2 with head of household. ERAP staff calculates Section 3, determines Section 4, and enters amount in Section 5. Contact landlord to complete rest of Section 5.

**Instructions for landlord if landlord is applying on behalf of tenant:** "Landlord" includes property manager/owner or other person authorized to seek rent payment, including friends/family or hotel/motel. Landlords complete Sections 1, 2, and 5 (service provider completes 3, 4 and a part of 5). The housing provider will contact the tenant to determine eligibility. Submitting this form does not guarantee payment.

<b>1. Household/Tenant and Rental Information</b>								
<b>Household ID</b> <i>(completed by housing provider):</i>						<b>Date:</b>		
<b>Name:</b>						<b>Phone number:</b>		
<b>Street:</b>						<b>Email:</b>		
<b>City/State:</b>						<b>Zip Code:</b>		
<b>Number of bedrooms in rental unit:</b>								
If a shared living situation with friend/family, how many bedrooms is the household/tenant paying for? <i>If only paying for a "sleeping space," indicate "1."</i>								
<b>2. Rent Request – limited to arrears since March 1, 2020</b>								
a. What is the tenant's monthly rent/lease amount? <i>If utility costs are included in the total rent amount due each month, they can be included in the rental payment.</i>							\$	
b. Indicate below the months the rent is past due and the amounts. <i>Future rent is limited to three months at a time.</i>								
<input type="checkbox"/> Mar '20 \$	<input type="checkbox"/> Apr '20 \$	<input type="checkbox"/> May '20 \$	<input type="checkbox"/> June '20 \$	<input type="checkbox"/> July '20 \$	<input type="checkbox"/> Aug '20 \$	<input type="checkbox"/> Sept '20 \$	<input type="checkbox"/> Oct '20 \$	<input type="checkbox"/> Nov '20 \$
<input type="checkbox"/> Dec '20 \$	<input type="checkbox"/> Jan '21 \$	<input type="checkbox"/> Feb '21 \$	<input type="checkbox"/> Mar '21 \$	<input type="checkbox"/> Apr '21 \$	<input type="checkbox"/> May '21 \$	<input type="checkbox"/> Jun '21 \$	<input type="checkbox"/> Jul '21 \$	<input type="checkbox"/> Aug '21 \$
<input type="checkbox"/> Sept '21 \$	<input type="checkbox"/> Oct '21 \$	<input type="checkbox"/> Nov '21 \$	<input type="checkbox"/> Dec '21 \$	<input type="checkbox"/> Jan '22 \$	<input type="checkbox"/> Feb '22 \$	<input type="checkbox"/> Mar '22 \$	<input type="checkbox"/> Apr '22 \$	<input type="checkbox"/> May '22 \$
<input type="checkbox"/> Jun '22 \$	<input type="checkbox"/> Jul '22 \$	<input type="checkbox"/> Aug '22 \$	<input type="checkbox"/> Sept '22 \$	<input type="checkbox"/> Oct '22 \$	<input type="checkbox"/> Nov '22 \$	<input type="checkbox"/> Dec '22 \$	<input type="checkbox"/> Jan '23 \$	<input type="checkbox"/> Feb '23 \$
<input type="checkbox"/> Mar '23 \$	<input type="checkbox"/> Apr '23 \$	<input type="checkbox"/> May '23 \$	<input type="checkbox"/> Jun '23 \$	<input type="checkbox"/> Jul '23 \$	<input type="checkbox"/> Aug '23 \$	<input type="checkbox"/> Sept '23 \$		
c. What is the total rent due? (total of 2.b.)							\$	
<b>3. Maximum Payment</b> <i>(completed by ERAP service provider)</i>						<b>2020 FMR (Mar- Sept 20)</b>	<b>2021 FMR (Oct 20- Aug 21)</b>	<b>2022 FMR (Sept 21 &amp; on)</b>
a. What is 150% <u>Fair Market Rent</u> on this Unit? <i>FMR is based on the number of rooms the tenant is renting if in a shared living situation with friend/family.</i>						\$	\$	\$
b. Fair Market Rent x # months of total rent due <i>(show calculations for each FMR timeframe)</i>						\$	\$	\$
<b>4. Total Payment</b> <i>(up to total in 3.b, but no more than total rent due in 2.c.):</i>						\$		

**5. Landlord, property manager/owner, or person authorized to accept payment:**

Name:		Name on check should be made out to:
Payment Address:		
City/State:	Zip Code:	Phone number:

W-9 required for payment, please submit with this form.

*As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will abide by the agreements below from the signing of this agreement and all applicable provisions of WA State landlord-tenant law.*

1. Accept \$\_\_\_\_\_ as full satisfaction of any rent and late fee\* arrears owed for the months paid by the program and \$\_\_\_\_\_ as three months of forward rent. *(See section 2b. for months covered)*
2. Agree that no new late fees\* or additional charges will be made for the months covered.
3. Agree rent will not increase for the household described above for at least six months.
4. Agree to not limit tenant ability to seek relief due to prior pay or vacate notices as per RCW 59.18.410(3)(d) for notices filed prior to the signing of this agreement.
5. Agree to not terminate or refuse to renew the above household's tenancy until after six months unless: (a) a household member materially violates the terms of the lease; (b) a household member is creating a significant and immediate risk to the health, safety, or property of others; or (c) at least 60 days' written termination notice is provided to the household based on the Landlords intent to (i) personally occupy the premises as a primary residence, or (ii) sell the property.
6. Agree to repayment of these funds if I do not fulfill the terms of this agreement.

\*Landlords are prohibited from assessing, or threatening to assess, late fees for the non-payment or late payment of rent or other charges related to a dwelling where such non-payment or late payment occurred due to COVID-19 on or after February 29, 2020 through September 30, 2021

*Print Name/Signature/Date:*



# ERAP 2.0 - Utility Payment Agreement Form Version1

Instructions for ERAP service provider: Complete all sections with head of household or utility provider.

<b>1. Household Information</b>	
<b>Household ID</b> <i>(completed by ERAP service provider):</i>	<b>Date:</b>
Name:	
City:	State/Zip Code:
<b>2. Utility Request</b>	
Indicate below the time period the utility payment is past/currently due <i>(example: 3/15/21-5/15/21)</i> . Assistance cannot be provided for arrears that were accrued before March 1, 2020. Future utility payments are limited to three months at one time.	
Utility Provider Name:	
Utility Type(s):	
Utility Provider Tax ID or DUNS #:	
Utility Provider Address:	
Service Period for Assistance Requested (Month/Day/Year):	
Total \$/Payment Requested:	
Utility Provider Name:	
Utility Type(s):	
Utility Provider Tax ID or DUNS #:	
Utility Provider Address:	
Service Period for Assistance Requested (Month/Day/Year):	
Total \$/Payment Requested:	
Utility Provider Name:	
Utility Type(s):	
Utility Provider Tax ID or DUNS #:	
Utility Provider Address:	
Service Period for Assistance Requested (Month/Day/Year):	
Total \$/Payment Requested:	
Utility Provider Name:	
Utility Type(s):	
Utility Provider Tax ID or DUNS #:	
Utility Provider Address:	
Service Period for Assistance Requested (Month/Day/Year):	
Total \$/Payment Requested:	
Total Amount of Utilities Paid: \$	