



EMERGENCY RENTAL ASSISTANCE PROGRAM

Answers to frequently-asked questions

Updated June 15, 2021

What is NEC’s Emergency Rental Assistance Program?

This program provides temporary assistance in order to prevent displacement due to financial hardship caused by the COVID-19 pandemic for low-income eligible households.

Do I need to read the instructions before applying?

Please do. This will help ensure that the main applicant submits a complete application with all required documents, which will help speed up the review process.

Is this program for NEC tribal member households only?

Yes. The main applicant must be at least 18 years old, and at least one member of the household must be tribally enrolled with NEC.

Do the rent, utilities, heating fuel and/or propane statements need to be in the main applicant’s name?

No, so long as the main applicant’s name appears on the rental lease/agreement and the main applicant resides in the household listed on the utility, heating fuel and/or propane statement.

Can tribal members who do not reside in Nome apply?

Yes. The Emergency Rental Assistance Program is available to all tribal members regardless of service area and the member’s residence location.

What if I live alone and do not have additional household members?

You can apply. Please list yourself and leave the household member section blank or list n/a.

When is the application deadline?

Applicants should apply as soon as possible and assistance will depend on availability funds.

ELIGIBILITY REQUIREMENTS

Main applicant must:

- Be part of a household with at least one enrolled NEC tribal member;
- Be at least 18 years old;
- Meet program low-income guidelines;
- Have experienced financial hardship that could result in displacement as a direct or indirect result of the COVID-19 pandemic;
- Provide all required documents;
- Complete and sign the program application.

Is this program available to homeowners to cover mortgage, utility, or heating fuel costs?

No. Under the act, Emergency Rental Assistance may be provided only to eligible households, which include only households that are obligated to pay rent on a residential unit.

Do we need to list all of our household’s income?

Yes—because this program is income-based, the income of all household members over age 18 must be reported. Household income will be calculated based on either the household’s total income for a calendar year, or the household’s monthly income at the time of application. COVID-related stimulus money will not be included when calculating household income.

To be considered low-income for purposes of this program, family household income must fall at or below 80% median income limits for the state in which the household is located. The chart below shows the program’s current income limits for the Nome Census Area. Visit www.tinyurl.com/NEC-income to find income guidelines for your location.

EXAMPLE: Applicants in the Nome Census Area must have household income below these amounts

Number in Household	1	2	3	4	5	6	7	8
Maximum Income Limit	\$55,000	\$62,850	\$70,700	\$78,550	\$84,850	\$91,150	\$97,450	\$103,700

What does “experienced hardship beginning March 13, 2020,” mean?

To be eligible for this program, the applicant must have experienced hardship due—directly or indirectly—to the COVID-19 pandemic beginning March 13, 2020, that threatens the household’s ability to pay the cost of rental property when due. The following situations demonstrate hardship:

- Applicant is at risk of exposure to COVID-19 due to overcrowding;
- Applicant is relying on credit cards or payday lenders to pay rent or utilities rather than using wages or other income;
- Applicant qualifies for unemployment benefits or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19;
- Applicant is unemployed at the time of application and has been for at least 90 days prior to applying;
- Applicant demonstrates a risk of experiencing homelessness or housing instability.

Preference will be given to applicants whose income is less than 50% of the state median income or households with one or more individuals who have not been employed for at least 90 days preceding the date of application.

Am I eligible to apply for the program if I already receive services from NEC or another federal subsidy (e.g. Housing Choice Voucher, Public Housing, or Project Based Rental Assistance)?

Yes, if the tenant’s rent is adjusted according to changes in income, the renter household may receive assistance from NEC’s Emergency Rental Assistance Program for the tenant-owed portion of rent or utilities not subsidized.

4 WAYS TO SUBMIT YOUR COMPLETED APPLICATION

- MAIL TO:** Nome Eskimo Community, PO Box 1090, Nome, AK 99762
- EMAIL TO:** erap@necalaska.org
- FAX TO:** (907) 443-9144
- DROP OFF AT:** The locked mailbox outside our building

NEED HELP? GOT QUESTIONS?

Our staff are ready to help! Call 907-443-2466

I already applied for a program just like this using the Alaska Housing Finance Corporation’s online portal. Can I also apply to the NEC program?

Possibly. Please provide details to NEC staff so we can determine if you are eligible for our program.

Do we need to provide copies of requested documents with our application?

Yes. Copies of the following are required:

- Your state-issued or Tribal ID;
- Current rental lease agreement;
- Proof of household income (see list of required documentation in application); and
- Past due and current rent, utility, heating fuel and/or propane bill statements.

What if my utilities and heating fuel are covered by my landlord?

This will be treated as rent.

Will this grant be considered taxable income?

No. This grant is provided to tribal members on a nontaxable basis.

NEC is expecting a high volume of applications. We appreciate your patience! Applications will be processed in the order received. Please allow staff enough time to properly process all applications.



Nome Eskimo Community
Box 1090 / 200 West 5th Ave.
Nome, Alaska 99762
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erapf@necalaska.org



Emergency Rental Assistance Program (ERAP) Application

The NEC Emergency Rental Assistance Program was created to assist eligible low-income applicants, who are enrolled NEC tribal members, with temporary emergency rental assistance in order to avoid displacement due to ongoing unemployment, reduction in income, significant increased costs, or other financial hardship due directly or indirectly to the COVID-19 pandemic beginning March 13, 2020, that threatens the household's ability to pay the costs of the rental property when due. Assistance includes: emergency rental assistance for prospective rent payments; emergency utility, heating fuel and propane assistance; assistance with other housing related expenses directly or indirectly attributable to COVID-19; and/or emergency assistance for rental arrears including utility, heating fuel and propane.

Applicants are encouraged to apply as soon as possible. Assistance will depend on the availability of funds.

An "eligible household" is defined as a renter household in which at least one or more individuals meet the following criteria:

- At least one household member is an enrolled NEC tribal member.
- Negatively affected by COVID-19.
- Has a household income at or below 80% of the median income for the area in which the household is located as determined by the Department of Housing and Urban Development (HUD).

APPLICANT CHECKLIST

Please use this checklist to ensure your application package is complete. Copies of all the following documentation are required to determine eligibility:

- Proof of identification:** State, federal or tribal I.D.
- Proof of Household Income:** Adults 18 years and older within the household must provide income documentation. Please submit either your IRS tax return for 2020 (or most recent return) or 2 most recent two paystubs; a copy of your unemployment insurance determination letter; a copy of dividend payments such as the Alaska PFD or a Native Corporation (not including COVID relief payments); a copy of public assistance, social security, senior, veteran, or pension benefit determination letter; or, if self-employed, a completed Self-Employment Declaration Form.
- Release of Information:** Signed and dated by each household member age 18 or older.
- Landlord Documentation:** Provide a current lease agreement if available and any late payment and/or eviction notices. The Landlord/Utility Provider Participation Certification must also be completed as well as a W-9 form.
- Utility/Fuel Documentation:** Provide a current utility/fuel statement and any late payment or disconnection notices. The Landlord/Utility/Fuel Provider Participation Certification must also be completed.
- Other Household Expense Documentation:** Includes reasonable accrued late fees, (limited) internet service expenses, relocation expenses, etc.

Please email application to erapf@necalaska.org; fax to (907) 443-9144; mail to Nome Eskimo Community, PO Box 1090, Nome, AK 99762; or place in the locked mailbox outside the NEC building at 200 West 5th Ave, Nome, AK. **Questions? Contact Theresa Kenick, Housing Specialist: 907-443-2246.**

APPLICANT INFORMATION

First Name				Last Name	
DOB				Maiden Name	
Sex: M or F				NEC Enroll. #	
Email					
Mailing Address					
City		State		Zip Code	
Physical Address (if different)					
City		State		Zip Code	

For reporting purpose, how would you best describe yourself?

- Hispanic or Latino
 Black or African American
 Asian
 American Indian or Alaska Native
 Middle Eastern or North African
 Native Hawaiian or Other Pacific Islander
 Other ethnicity or origin

REQUESTED ASSISTANCE: What kind of assistance are you in need of:

- Rental Assistance
 Utility Assistance
 Fuel Assistance
 Other Assistance: _____

HOUSEHOLD INFORMATION

Please list all members of your household including yourself. *Leave enrollment number blank if unknown.*

Name	DOB or	Last 4 SSN	Relation to Applicant	NEC Enrollment #

Household Income

Tell us about your household’s total income and any deductions for all household members who are 18 years or older for the 2020 calendar year or confirmation of the household’s monthly income at the time of application. Monthly income can be used to determine eligibility over a 12-month period. Applicants must provide this information to the best of their ability and should only complete fields that are applicable (not all fields are required). NEC staff can help with adjustments as needed.

Household Member Full Name	Total Source of Income	Total Gross Income
Total Household Income:		

Sources of Income include: employment, unemployment insurance benefits; dividend payments such as the Alaska PFD or a Native Corporation (not including COVID relief payments), senior, veteran, or pension benefits, Social Security benefits or public assistance.

If self-employed, please complete a Self-Employment Declaration Form.

Rent, Utility, Heating Fuel & Propane Information

Rent	<p>The following information and documentation are required for rent to be provided through this program. Payments will be made directly to your landlord.</p> <ul style="list-style-type: none"> ➤ Do you rent your home or apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Is this your primary place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Do you live in public housing receiving rental vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Are you past due on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ If yes, attach a copy of your past due unpaid notices from your landlord. ➤ Do you need assistance with past due, current, or future rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-left: 40px;">*If yes, you may be eligible for up to 12 months of assistance.</div> ➤ Copy of your rent agreement/lease agreement. ➤ If you do not have a rent agreement/lease agreement, please fill out the landlord agreement that is provided. ➤ W-9 (for tax purposes, to be completed by Landlord) <p>Landlord Name: _____ Contact Number: _____</p>
Utilities	<p>The following information and documentation are required for utilities to be provided through this program. Payments will be made directly to your utility provider.</p> <ul style="list-style-type: none"> ➤ Do you pay for utilities separate from your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Are you past due on your utility bill? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-left: 40px;">*If yes, attach a copy of your past due unpaid bills from your utility provider. <i>This can be obtained from your utility company.</i></div> ➤ Do you need assistance with past due, current, or future utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-left: 40px;">If yes, you may be eligible for up to 12 months of assistance.</div> <p>Utility Provider: _____ Contact Number: _____</p>
Heating Fuel & Propane	<p>The following information and documentation are required for heating fuel and/or propane to be provided through this program. Payments will be made directly to your heating fuel and/or propane provider.</p> <ul style="list-style-type: none"> ➤ Do you pay for heating fuel and/or propane separate from rent? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Are you past due on your heating fuel or propane bill? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="margin-left: 40px;">*If yes, attach a copy of your past due unpaid bills from your heating fuel or propane provider. <i>This can be obtained from your utility company.</i></div> ➤ Do you need assistance with past due, current, or future heating fuel/propane? <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ If so, you may be eligible for up to 12 months of assistance. <p>Fuel Provider: _____ Contact Number: _____</p>

OTHER RENTAL RELIEF: Has your household received or do you anticipate receiving another source of public or private subsidy or assistance for the rental costs that is similar to this program such as AHFC's Rental Relief Program? Yes No

If yes, what is the name of the program? _____

ATTESTATION: To be eligible, you or members of your household must demonstrate risk of homelessness or housing instability due to the COVID-19 pandemic.

You, or a member of your household (please check all that apply):

- Qualified for unemployment benefits between March 13, 2020 – Present (do not need to be receiving benefits currently to qualify).
- Experienced ongoing unemployment due to the COVID-19 pandemic. Please provide dates of unemployment: _____
- Reduced income due to the COVID-19 pandemic. Please describe: _____

- Significant increased costs related to the COVID-19 pandemic. Please describe: _____

- Other financial hardship due to the COVID-19 pandemic. Please describe: _____

By signing below, I do hereby attest that one or more individuals in my household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID-19 pandemic. I agree to notify the Nome Eskimo Community of any significant changes to my household income or financial status that would impact my eligibility for the ERAP.

By my signature below, I certify that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant Signature: _____ Date: _____

<p>Internal Use Only</p> <p><input type="checkbox"/> Enrollment verified _____ <input type="checkbox"/> Administration _____ <input type="checkbox"/> Accounting _____</p>



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AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, _____ authorize Nome Eskimo Community (NEC) to receive/release information from/to agencies and financial institutions to verify my/our application for participation in the NEC Emergency Rental Assistance Program (ERA).

Information may also be obtained directly from financial institutions concerning information about income. I/we understand that income information obtained from these sources will be used solely to verify information that I/we provided in determining eligibility for the ERA, and will only apply to time periods relevant to the determination of ERA assistance.

Verification and or reports include but are not limited to records of: Bank Statements, State Public Assistance, Native Corporation Dividends, Permits Fund Dividend, Unemployment Compensation, Workers Compensation, Internal Revenue Service, Social Security, SSI.

I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my/our eligibility.

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this Authorization is on file with NEC and will stay in effect for one (1) year from the date signed. I/We understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

First Name:			
Last Name:		Maiden Name:	
DOB:		SSN:	
Phone Number:			
Mailing Address:			
City, ST:		Zip:	

Applicant Signature: _____ Date: _____



EMERGENCY RENTAL ASSISTANCE PROGRAM
Landlord/Utility/Heating Fuel/Propane or Other Provider Participation Certification

In order for financial assistance to be provided under the ERAP, this participation certification form must be completed and signed/dated by the landlord or utility, heating fuel, and/or propane provider.

Attention Landlord/Utility/Heating Fuel/Propane or Other Provider,

The Applicant, _____, is seeking financial assistance with the Emergency Rental Assistance Program (ERAP) through Nome Eskimo Community (NEC). If the applicant is **approved** for financial assistance through the ERAP, you, the Landlord/Utility/Heating Fuel/Propane Provider, will receive payments directly from NEC on behalf of this applicant. Please confirm your participation in this program by completing the section below.

Landlord/Utility/Heating Fuel/Propane Provider Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Contact number: _____

SSN/Tax ID or DUNS Number: _____

For direct ACH payments please fill out the banking section below. For privacy, vendors can send form directly to erap@necalaska.org or fax to (907) 443-9144

Account Type: Checking OR Savings

Bank Name: _____ Branch: _____

Bank Routing # _____ Account #: _____

Bank City, State, Zip Code: _____

Signature of Landlord/Utility/Heating Fuel/Propane Provider

Date



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Self-Employment Declaration Form

Please fill out if you are self-employed: Applicants, please attach the following:

- Provide a copy of most current/recent Federal Income Tax Return
- Copy of current and active business licenses.
- Copy of Business account bank statements.

First Name		Last Name	
Contact Number			
Email			
Physical Address			
Mailing Address			
City		State	
		Zip Code	

Name of Business		Business Start Date	
Contact Number			
Email			
Physical Address			
Mailing Address			
City		State	
		Zip Code	
Estimate earned income	(Weekly, Monthly, Annually)		

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for reporting and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Applicant Signature: _____ Date: _____

This form is required for landlords only

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.