

Hawaii County Emergency Rental Assistance Application



The Hawaii County Emergency Rental Assistance Program (ERAP) is funded through a federal grant from the County of Hawaii. The program is led by Hawaii Community Lending and administered by nonprofit partners: HOPE Services Hawaii, Hawaii First Federal Credit Union, Neighborhood Place of Puna, Habitat for Humanity Hawaii Island, The Salvation Army, and Hawaii County Economic Opportunity Council. ERAP provides rent or utility payments from March 2020 through December 2021 to applicants who have been impacted directly by COVID-19 not to exceed 12 months of total assistance. **Your household is only eligible to receive ERAP assistance from 1 nonprofit provider.**

Rent and utility payments are only eligible for primary residences in the County of Hawaii. Applicants must earn at or below 80% area median income and verify proof of hardship due to COVID-19 for each month they receive assistance. Priority will be given to households with annual incomes less than 50% area median income with one or more members that have been unemployed for at least 90 days. Payments for approved applicants will be made directly to the landlord, property manager or utility company. Approved applicants will also have access to financial counseling and housing stability services. **Please complete this application and submit with required documents listed above right t to be considered for an ERAP grant.**

- Please complete the application and submit with required documents to be considered for a grant:**
- Proof of Resident and Age for Applicant
- Copy of photo ID
- Income Documents for ALL household members (provide all that apply)
- All pages and schedules for 2020 Federal Tax Form OR
 - 30 days most recent pay stubs
 - 1 month most recent business bank statements (if self-employed)
 - Unemployment or Pandemic Unemployment Assistance (PUA) benefit letter
 - Public benefit statement
 - Other income documentation (i.e. child support or alimony letter, pension/retirement earning statement, etc)
- Housing (provide 1 of the following)
- Copy of complete, current, and signed rental lease/contract
 - Bank statements or cancelled checks verifying payment of monthly rent (if no signed lease)
 - Bank statements or cancelled checks verifying payment of utilities for the residential unit (if no signed lease)
- Proof of Hardship (provide 1 of the following)
- Unemployment or PUA approval letter
 - Written attestation (request from nonprofit)
- If requesting assistance for previous months
- Past due rent notice with amount owed
 - Eviction notice with amount owed
 - Past due utility notice

First Name		Last Name			
Are you a Resident of Hawaii Island? There are penalties for willfully and knowingly giving false information on an application for Federal-State funds. Penalties for falsifying information may include immediate repayment of all Federal-State funds received and/or prosecution under the law. Residents of other islands may request assistance from Catholic Charities Hawaii or Council for Native Hawaiian Advancement.					Yes No If No, you are ineligible for assistance
Email Address		Date of Birth			
Physical Address					
City		State		Zip Code	
Mailing Address					
City		State		Zip Code	
Phone		Alternate Phone			
What is the best method to contact you?		Phone	Email	Alternate Phone	

What is your primary language?							
What is your household's total monthly rent payment?						\$	
Does your household receive Federal subsidy for rent or utilities? Please list the amount. Includes Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance.						\$	
Select Your Ethnicity	Hispanic		Select Your Race (mark 1 primary race)	American Indian			
	Non-Hispanic			Alaska Native			
Your Head of Household is	Male			Asian			
	Female			Black or African American			
	Choose not to answer			Native Hawaiian			
Tell Us Your Current Employment Status	Recent return to work			Chuukese			
	Unemployed			Marshallese			
	Reduced work hours			Samoan			
	Self-Employed			Tongan			
		Other Pacific Islander					
		White or Caucasian					
		Other (List Below)					
Are you an eligible beneficiary or active lessee of Hawaiian Home Lands?		Yes If yes, you must contact Council for Native Hawaiian Advancement for assistance at www.hawaiiancouncil.org/dhhl					
		No					
How many people live in your household? Include children, adults, and yourself.							
How many household members are age...		0-5	6-17	18-61	62+		
How many household members receive income (from any source)?							
List YOURSELF AND ALL ADULT household members over age 18 below. Include their first and last name, date of birth, gross monthly and annual income, income type, and whether they are a senior (over age 62) and/or disabled.							
First Name	Last Name	Date of Birth	Gross Monthly Income (before taxes)	Gross Annual Income (before taxes)	Income Type Wages, alimony, child support, public assistance, unemployment, family assistance	Senior? Yes/No	Disabled Yes/No
Have any household members been unemployed for more than 90 days?						Yes	No
Total Amount of Back Rent Owed. The grant will pay for past due rent incurred from March 13, 2020 to December 31, 2021 <u>NOT</u> to exceed 12 months of total ERAP assistance.						\$	
Name of property manager or landlord that the check will be paid to:							
Property manager or landlord's mailing address.							
Mailing Address							
City		State		Zip Code			

Email		Phone	
Total Amount of Utilities Past Due. The grant will pay for utility arrears incurred from March 13, 2020 to December 31, 2021 <u>NOT</u> to exceed 12 months of total ERAP assistance. Eligible utilities include electricity, gas, water and sewer, and natural gas only.			\$
Name of utility company that the check will be paid to:			
Utility company's mailing address.			
Mailing Address			
City		State	Zip Code
Email		Phone	
Do you provide the nonprofit partner approval to contact the requested payee(s)? For the purpose of administering the benefits for which I am applying, I hereby authorize the Utility Company(ies), including Hawaiian Electric Light Company, Hawaii Gas, Department of Water Supply, and any other providers of water, sewer, electric, or natural gas services on the island of Hawaii that is acknowledged in my application, to share information about my past or present utility account(s) (including any charges or payments) with Hawaii Community Lending, Hawaii First Federal Credit Union, Neighborhood Place of Puna, Habitat for Humanity Hawaii Island, HOPE Services Hawaii, The Salvation Army, Hawaii County Economic Opportunity Council (ERAP Providers), County of Hawaii, State of Hawaii, and the US Department of the Treasury, and I authorize ERAP Providers, on my behalf, to share information about my application and eligibility for benefits with the Utility Company(ies); provided, however, that all entities whom my information is shared have agreed to protect it from unauthorized access or disclosure by commercially reasonable means.			Yes
			No If no, we will be unable to provide you with assistance.
Authorization to Release Information. Multiple organizations are providing housing stability services and to help you gain access to assistance quicker some information collected in this application maybe shared with the Hawaii Housing Finance and Development Corporation, County of Hawaii, Hawaii Community Lending, Hawaii First Federal Credit Union, Neighborhood Place of Puna, Habitat for Humanity Hawaii Island, HOPE Services Hawaii, The Salvation Army, Hawaii County Economic Opportunity Council, Catholic Charities Hawaii, Council for Native Hawaiian Advancement, Kuikahi Mediation Center, West Hawaii Mediation Center, Hawaiian Community Assets, and other STREAK partners. Do you consent for our organization to share this information with these entities?			Yes
			No If no, we will be unable to provide you with assistance.
Households who previously received assistance through other COVID-19 federal, state, or local funded programs for the requested period are not eligible unless the assistance did not cover the full amount needed. Applicants may need to provide information of financial resources received for the same purpose. Have you received assistance through other COVID-19 federal, state, or local (county and/or private) funded programs that paid in-full the amount of funds needed for the requested period?			Yes If yes, we will be unable to provide you with assistance
			No
Do you approve the nonprofit to contact your landlord, property manager, and/or utility company to issue payment for the assistance?		Yes	
		No If no, we will be unable to provide you with assistance	
Do you approve the nonprofit or County of Hawaii to provide future communications by email on available coronavirus related financial assistance and programs?			Yes
			No

APPLICANT STATEMENT. “I certify, on behalf of all household members, that the information included in this application is correct, complete, true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information on an application for Federal, State or Local funds. Penalties for falsifying information may include immediate repayment of all Federal, State or Local funds received and/or prosecution under the law. I understand the information on this form is subject to verification. I attest one or more members of our household have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak. I further attest our household has not received other government assistance for the amount and requested period.”

--	--

Applicant Signature	Date
----------------------------	-------------

If this application has been completed and/or is being submitted by the landlord or property manager, please have the appropriate representative sign below and have the tenant sign above.

--	--

Landlord Signature	Date
---------------------------	-------------

If this application has been completed over the phone, please have the applicant provide verbal confirmation in place of their signature, write “Completed over the phone – received verbal confirmation” in the Applicant Signature section above, and nonprofit staff member should sign and date below.

--	--

Nonprofit Staff Signature (if application completed by phone)	Date
--	-------------