

GRAND RONDE HOUSING DEPARTMENT (GRHD)  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

<b>*FOR OFFICIAL USE*</b>
Date Submitted: _____
Time Submitted: _____
Received by: _____
Application #: _____

**Financial Assistance Form**

*Applicants must submit this Form and supporting documentation for each additional month (or three-month prospective period) that they seek Financial Assistance under the ERA Program.*

**Applicant Information**

Applicant Name: _____		Date: _____
Date of Birth: _____	Tribal Enrollment No.: _____	SSN: _____
Physical Address: _____	City: _____	State: _____
Zip: _____	Phone: _____	
Mailing Address: _____	City: _____	State: _____
Zip: _____	Email: _____	

1. Do you currently pay to rent the dwelling unit in which you are living (this includes an apartment, a house, a room in a house or apartment, or longer-term hotel/motel stay [one week or more])?  
 Yes    No
  - a. If yes, attach and submit your current rental agreement, or lease, or other agreement, if you have it.

Current Landlord Name: _____
Contact Phone: _____      Email: _____

2. What is the total amount of rent that you pay each month? \$ \_\_\_\_\_

**Financial Assistance**

The Emergency Rental Assistance Program provides Financial Assistance to Eligible Households for rent and utility costs payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

**“Financial Assistance”** means payments provided through the ERA Funds for Rent Arrears, Utility and Home Energy Costs Arrears, Current and Prospective Rent, Current and Prospective Utility Costs, and Other Eligible Housing Expenses.

**“Rent”** is the monthly amount charged by a landlord for possession and occupancy of a dwelling unit. If Utility Costs are included in the monthly payment to the Landlord, they are deemed to be Rent.

**“Utility Costs”** means utility and home energy costs related to the occupancy of rental property (e.g. electricity, gas, water and sewer, trash removal, and energy costs (such as fuel oil)) that are separately-

stated charges. Utility Costs do not include telecommunication services (e.g. telephone, cable, and internet services).

**A. Rent Arrears and Utility Costs Arrears<sup>1</sup>**

**Do you have any Rent Arrears or Utility Costs Arrears?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each arrears payment (rental lease, documents showing rent or utility costs arrears and interest accrued, etc.)*

**Rent Arrears and Utility Costs Arrears:**  
**Only includes Rent Arrears and Utility Costs Arrears incurred on or after March 13, 2020.**  
**Arrears includes:** interest charges and penalties accrued from the date on which the first missed payment after March 13, 2020 was due.  
**Arrears does not include:** interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.

**Rent Arrears** (*Rent payments in arrears*):

Total amount in Arrears \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Utility Costs Arrears** (*Utility Cost payments in arrears*): Total amount in Arrears \$ \_\_\_\_\_

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<sup>1</sup> **Arrears Payments:** If any Applicant has any Rent Arrears or Utility Costs Arrears, GRHD will first pay those arrears payments before providing payments for any current or future Rent or Utility Costs payments.

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B. Current Rent and Current Utility Costs**

**Do you expect to be unable to pay your Current Rent or Current Utility Costs payment, or required Deposit to obtain rental housing?**

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each Current Rent or Current Utility Costs payment, if available (rental lease, documents showing rent or utility costs due, etc.)*

**Current Rent Payment due** (*Rent payment for the current month that is due and owing but not yet in arrears*):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Current Utility Costs Payments due** (*Utility Costs that are currently due and owing but not yet in arrears*):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_

Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Prospective Rent and Prospective Utility Costs**

**Do you expect to be unable to pay your Prospective Rent or Prospective Utility Costs payments?**  
(check all that apply) **\*You may request up to three (3) months of future Rent & Utility payments.**  
If you check any of the boxes below, attach supporting documentation for each prospective payment if available (rental lease, documents showing rent or utility costs due, **W-9 for landlord and utility companies you are requesting assistance for, etc.**)

**Prospective Rent Payments due** (Rent payments expected to be owed up to 3 months):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Prospective Utility Costs Payments due** (Utility Costs payments expected to be owed up to 3 months):

1. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. **Type of Utility:** \_\_\_\_\_ Amount \$ \_\_\_\_\_ Due Date \_\_\_\_\_  
Utility Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Current Deposit Payment due** (Deposit payment for rental housing that is due and owing as a condition of obtaining rental housing):

Amount Due: \$ \_\_\_\_\_

Date Due: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**D. Other Housing Expenses**

**Do you expect to be unable to pay any other Housing Expenses?** (*Expenses related to housing incurred due, directly or indirectly, to the novel coronavirus disease (COVID-19) outbreak, as defined by the Secretary of Treasury. Maintenance costs are not included in this definition.*)

(check all that apply)

*If you check any of the boxes below, attach supporting documentation for each housing expenses payment due if available (bills showing payments due, documents showing interest accrued, etc.)*

- [Insert expense type] \_\_\_\_\_ :  
Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_
- [Insert expense type] \_\_\_\_\_ :  
Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_
- [Insert expense type] \_\_\_\_\_ :  
Amount Due: \$ \_\_\_\_\_  
Date Due: \_\_\_\_\_  
Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Acknowledgements**

**TO THE APPLICANT:** By signing this Form, you are certifying that you have not already received funding or benefit from another source for the same assistance being applied for with this Form ("Duplicative Benefit"). If you think you may have received such funding or direct benefit, or have a question about whether you have received a duplicative benefit, please note what that is below:

---

---

---

By my signature below, ***I hereby certify and attest*** that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify GRHD of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if GRHD determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I understand that GRHD is relying on these representations and commitments as the basis for providing the assistance requested.

---

APPLICANT SIGNATURE

---

DATE

**If a landlord or owner of a residential dwelling submits this Form on behalf of the Applicant:**

I, \_\_\_\_\_, the Applicant's landlord/residential dwelling owner, understand that I am required to provide this application to the Applicant after completing and submitting it.

---

LANDLORD SIGNATURE

---

DATE

**Form Received by the Grand Ronde Housing Department:**

---

STAFF MEMBER SIGNATURE

---

DATE

<b>OFFICIAL USE ONLY</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason: _____
Denial Communicated: _____	Staff Signature: _____

GRAND RONDE HOUSING DEPARTMENT (GRHD)  
COVID-19 Emergency Rental Assistance Program Policy

**LANDLORD NON-EVICTION AGREEMENT**

1. Tenant's Name: \_\_\_\_\_
2. Landlord's Name: \_\_\_\_\_
3. Rental Unit/Address: \_\_\_\_\_
4. Household members:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
5. Lease Term: \_\_\_\_\_ to \_\_\_\_\_
6. Rent Paid to Landlord: \_\_\_\_\_
7. Form of Rental Assistance (Check all that apply):
  - Prospective Rent Assistance
  - Rent Arrears Assistance
  - Other (specify): \_\_\_\_\_

Under this Landlord Non-Eviction Agreement (Agreement), the landlord identified above in Section 2 (Landlord) will receive from Grand Ronde Housing Department (GRHD) financial assistance to cover the above-named tenant's (Tenant) rental obligations for a specified period of time ("Rental Assistance Payment"). Landlord acknowledges it will receive this Rental Assistance Payment through the GRHD's Emergency Rental Assistance Program Policy (Policy). Under the Policy, and pursuant to requirements of the United States Department of Treasury, a

landlord may not evict or in any way remove a tenant from a rental unit for nonpayment of rent while receiving Rental Assistance Payments.

I, \_\_\_\_\_, hereby acknowledge and agree that, in exchange for acceptance of Rental Assistance Payment under the Policy:

1. I will not evict Tenant or terminate Tenant's rental agreement for nonpayment during the period of tenancy for which the Rental Assistance Payment(s) are provided;
2. I will not evict Tenant or terminate Tenant's rental agreement for nonpayment for up to 90 days beyond the period covered by Rental Assistance Payment(s);
3. If I evict Tenant or terminate Tenant's rental agreement for nonpayment for the time covered by the Rental Assistance Payment, GRHD may immediately withhold any and all future payments made under the Policy and GRHD will be entitled to immediate repayment of any Rental Assistance Payment paid to me for rental assistance covering that period; and
4. I irrevocably commit to use the Rental Assistance Payment(s) provided under this program only for the intended purpose (for payment of rents and rental arrears, for payment of utilities and utility arrears). I further understand that GRHD is relying on these representations and commitments as the basis for providing the assistance requested.

**\*Landlord:** Please fill out and return the attached W-9 with this form so payment can be issued. You may mail the form(s) to:

GRHD  
28450 Tye Road  
Grand Ronde, Oregon 97347 OR email the form to [grhd@grandronde.org](mailto:grhd@grandronde.org)

Call (503) 879-2401 with questions.

Signatures:

Grand Ronde Housing Department

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Landlord

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail Payments To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVID-19 Emergency Rental Assistance Program Form Checklist

Please review your application to make sure that contains the following information:

**For all Applicants:**

- Current rental lease

**Submit the following documentation if applicable and available:**

- Documents showing Rent Arrears and interest/penalties accrued or eviction notice
- Documents showing Utility Costs Arrears and interest/penalties accrued
- Utility bills showing Current Utility Costs due
- Document showing Current Rent amount
- Documents showing other expenses related to COVID-19 for which payments are due
- W-9 for landlord and utility companies (there are two W-9s attached, if you cannot make copies, contact our office and we can email or mail you additional W-9s), and there is a link for the W-9 on the Housing main web page.
  
- Landlord Non-Eviction Agreement\_GRHD

You may submit your application by mail to:

GRHD  
28450 Tyee Road  
Grand Ronde, OR 97347

OR by email to:

[grhd@grandronde.org](mailto:grhd@grandronde.org)

OR you may drop the application off at the Grand Ronde Housing Department

Please call the Grand Ronde Housing Department at (503) 879-2401 if you have questions or need assistance.



