FOR OFFICIAL USE
Date Submitted:
Time Submitted:
Received by:
Application #:

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

Financial Assistance Form

Applicants must submit this Form and supporting documentation for each additional month (or threemonth 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: St						
Zip: Pho						
Mailing Address:	City:	State:				
Zip:	Email:					
 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						
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 separatelystated charges. Utility Costs <u>do not</u> include telecommunication services (e.g. telephone, cable, and internet services).

A. Rent Arrears and Utility Costs Arrears¹

Rent Arrears and Utility Costs Arrears:

Arrears includes: interest charges and penalties

accrued from the date on which the first missed

payment after March 13, 2020 was due.

Only includes Rent Arrears and Utility Costs

Arrears incurred on or after March 13, 2020.

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.)

	nt Arrears (<i>Rent paym</i> tal amount in Arrears		5):	Arrears does not include: interest charges or penalties accrued for Rent Arrears or Utility Costs Arrears incurred before March 13, 2020.
	ndlord Name: mber:		_ Phone	
Ma	ailing Address:			City:
Sta	ate: Zip	: E	Email:	
	Type of Utility:		Amount	rrs): Total amount in Arrears \$: \$ Phone Number:
				 City:
	State:			
2.	Type of Utility: Utility Provider:			: \$ hone Number:
				City:
	State:			
3.	Type of Utility: Utility Provider:			:\$ hone Number:
				City:
	State:	Zip:		
4.	Type of Utility: Utility Provider:			:\$ hone Number:
	Billing Address:			City:
	State:	Zip:		
5.	Type of Utility: Utility Provider:			:\$ hone Number:

¹ 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 Cos	ts
	quired Dep	our Current Rent or Current posit to obtain rental housing the chall that apply)	
If you check any of the boxes be Utility Costs payment, if ava		h supporting documentation fo al lease, documents showing re	
Current Rent Payment du yet in arrears):	e (Rent pay	yment for the current month th	at is due and owing but not
Amount Due: \$			
Date Due:			
Landlord Name:		Phone Number:	
Mailing Address:			City:
State:	_Zip:	Email:	
arrears): 1. Type of Utility:		(<i>Utility Costs that are currently</i> Amount \$	Due Date
		Phone Number:	
		City: _	
State:			
		Amount \$ Phone Number:	
Billing Address:		City: _	
State:	Zip:		
		Amount \$ Phone Number:	
Billing Address:		City: _	
State:	Zip:		
		_ Amount \$ Phone Number: _	
Billing Address:		City: _	
State:	Zip:		
		Amount \$ 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.)

	Date Due:			
	Landlord Name:		Phone Num	ber:
	Mailing Address: _			City:
	State:	Zip:	Email:	
	ospective Utility Cost onths):	s Payments	due (Utility Costs payments exμ	pected to be owed up to 3
1.			Amount \$ Phone Number:	
	Billing Address:		City: _	
	State:	Zip:		
2.			Amount \$ Phone Number:	
	Billing Address:		City: _	
	State:	Zip:		
3.			Amount \$ Phone Number:	
	Billing Address:		City: _	
	State:	Zip:		
4.			Amount \$ Phone Number:	
	Billing Address:		City: _	
	State:	Zip:		
5.			Amount \$ Phone Number:	
	Billing Address:		City: _	
	State:	Zip:		

Date Due:	<u>-</u>						
Landlord Name:	Phone Num	ber:					
Mailing Address:		City:					
State:	Zip: Email:						
Da aa.ka baakla	D. Other Housing Exper						
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 <u>not</u> included in this definition.) (check all that apply)							
	•••	mentation for each housing expenses ments 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 Acknowledgeme	onto					

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:

documentation is true and correct. I any misleading statements or information eligibility, will be grounds for denial of the of any funds granted, and may be appropriate to do so. In addition, I her program only for the intended purpose	fy and attest that all of the foregoing information and attach understand that providing any false statements, false information ation, or if I fail to notify GRHD of changes to my household he application or, if assistance has already been granted, recapture grounds civil or criminal prosecution if GRHD determines it between the assistance provided under the effort payment of rents and rental arrears, for payment of utilities and its relying on these representations and commitments as the ested.	on, d's ire is <u>his</u> <u>ies</u>
APPLICANT SIGNATURE	DATE	
l,	dwelling submits this Form on behalf of the Applicant: the Applicant's landlord/residential dwelling owner, understa cation to the Applicant after completing and submitting it.	nd
Landlord Signature	DATE	
Landlord Signature Form Received by the Grand Ronde Ho	-	
Landlord Signature Form Received by the Grand Ronde Ho Staff Member 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 al	l 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

	rd may not evict or in any way rem receiving Rental Assistance Payme	ove a tenant from a rental unit for nonpayment of rent nts.						
	, hereby ackno	wledge and agree that, in exchange for acceptance of licy:						
1.		re Tenant's rental agreement for nonpayment during ne Rental Assistance Payment(s) are provided;						
2.	 I will not evict Tenant or terminate Tenant's rental agreement for nonpayment for up t 90 days beyond the period covered by Rental Assistance Payment(s); 							
 If I evict Tenant or terminate Tenant's rental agreement for nonpayment for the time covered by the Rental Assistance Payment, GRHD may immediately withold any and 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.	program only for the intended purpayment of utilities and utility arm	ental Assistance Payment(s) provided under this rpose (for payment of rents and rental arrears, for ears). I further understand that GRHD is relying on itments as the basis for providing the assistance						
	ay mail the form(s) to: GRHD 28450 Tyee Road	attached W-9 with this form so payment can be issued. email the form to grhd@grandronde.org						
Call (503) 879-2401 with questions.							
Signatu	ures:	Landlord						
Grand	Ronde Housing Department	Name						
Name	and Title	Signature						
Signat	ure	Date Mail Payments To:						
Date		<u></u>						

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
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.



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income to	ax return). Name is re	quired on this line; do i	not leave this line blank.										
	2 Business name/disregarded entity	name, if different from	n above											
n page 3.	Check appropriate box for federal following seven boxes. Individual/sole proprietor or	certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):											
e.									Exempt payee code (if any)					
충	Limited liability company. Enter	the tax classification	(C=C corporation, S=S	corporation, P=Partner	rship) ▶									
Print or type. Specific Instructions on page	Note: Check the appropriate bot LLC if the LLC is classified as a another LLC that is not disrega is disregarded from the owner s	single-member LLC triangle single-member LLC triangle.	that is disregarded fror for U.S. federal tax pur	n the owner unless the cooses. Otherwise, a sing	owner of the gle-member	e LLC is	code	ption fro	m FA	ГСА repo	orting			
cifi	Other (see instructions)	illouid check the appi	Topriate box for the tax	Classification of its own	ei.		(Applie	s to account	s mainta	ined outsid	e the (J.S.)			
) Spe	5 Address (number, street, and apt.	or suite no.) See instri	uctions.		Requeste	r's name								
See S					•									
Ø	6 City, state, and ZIP code													
	7 List account number(s) here (option	nal)												
Pai	t I Taxpayer Identific	ation Number	(TIN)											
	your TIN in the appropriate box. T		• •	given on line 1 to av	oid	Social s	ecurity	number						
	up withholding. For individuals, this				or a				7 [
	ent alien, sole proprietor, or disrega es, it is your employer identification				ot a		-		-					
TIN, la		Triumber (Liiv). If y	ou do not nave a nu	iliber, see riow to ge	n a O	r								
Note:	: If the account is in more than one	name, see the ins	tructions for line 1.	Also see What Name	_		er identi	r identification number						
Numb	per To Give the Requester for guide	elines on whose nu	ımber to enter.								T			
							-							
Par	t II Certification													
Unde	r penalties of perjury, I certify that:													
2. I ar Sei	e number shown on this form is my m not subject to backup withholdir rvice (IRS) that I am subject to bac longer subject to backup withhold	ng because: (a) I an kup withholding as	n exempt from back	up withholding, or (b)) I have no	t been	notified	by the	Inter					
3. I ar	m a U.S. citizen or other U.S. perso	on (defined below);	and											

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

		r, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments quired to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ►	Date ►	

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
Print or type. See Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above													
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or							certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
									Exempt payee code (if any)					
	Limite	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶												
	LLC if anoth	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.							code (if any)					
	l	Other (see instructions) ▶							(Applies to accounts maintained outside the U.S.)					
						er's nam	e and address (optional)							
						,								
	6 City, state, and ZIP code													
	7 List account number(s) here (optional)													
Pai	ti T	axpayer Identifi	cation Number	(TIN)										
. ,							security	curity number						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a														
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>							-		-					
TIN, later.											•			
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and							Employ	er identification number						
Number To Give the Requester for guidelines on whose number to enter.														
								-			.			
Par	ill C	ertification										•		
Unde	penalties o	of perjury, I certify that	ıt:											
2. I ar Sei	n not subject vice (IRS) th	own on this form is ret to backup withholo nat I am subject to ba ect to backup withho	ding because: (a) I an ackup withholding as	n exempt from back	up withholding, or (b) I have n	ot beer	notifie	d by the	Inter				
3. I ar	n a U.S. citi	zen or other U.S. per	son (defined below);	and										

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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Sign Here	Signature of U.S. person ►	Date ►					

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