



# Snoqualmie Indian Tribe

## Emergency Rental and Utility Assistance

### CARES Act Application

#### Overview-----

The Snoqualmie Indian Tribe recognizes the need to develop a program that provides short term emergency rental and utility assistance to low-income tribal members whose needs cannot be met through the existing housing programs. The Tribal Council of the Snoqualmie Indian Tribe hereby establishes the ERA - CARES Act program that will provide funding to assist tenants who are unable to pay rent or utilities due to the COVID-19 pandemic. This Emergency Rental and Utility Assistance Program will provide SHORT TERM assistance to eligible Low Income (80% Income Limit) and Non-Native Families (With Preference to Snoqualmie Tribe Minors and Snoqualmie Tribe and Casino Employees) whom have a wish to reside in a safe, healthy affordable housing and whose need is temporary due to loss of income caused by COVID-19 pandemic. Assistance will be provided in the form of monthly rental and utility assistance for those who qualify and adhere to the requirements of this Program. This program will be carried out by the Housing Department in accordance with the requirements, rules and regulations of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA), using the funding provided by the U.S. Department of Housing and Urban Development (HUD).

#### Policy and Eligibility-----

Though this program serves low income and non-native families and maintains its own Indian Housing Plan (IHP); the program Policy will remain in line with the current HUD Rental Assistance Program policy. Any waivers or exceptions considered will need to be out of extreme necessity. All requests must be in compliance with HUD – IHBG CARES Act. Requests for waiver or exception must be made in writing and recommended or approved by council.

1. Funds are only available one per eligible household.
2. Eligibility requirements include:
  - a. Affordable Rent: A Participant's monthly rent must be "affordable," which means equal to but not more than 30% of their monthly adjusted income; or equal to but not more than Fair Market Rent of the unit, as determined by HUD.
  - b. Applicants will need to re-certify / re-apply for assistance every 3 months.
  - c. UTILITY assistance will follow the guidelines under STOWW and are limited to water, electric, gas / propane.
3. The following are ineligible to receive Program assistance:
  - a. Applicants who owe the Snoqualmie Indian Tribe money and have not set up a payment plan, or have been previously terminated or evicted from any program administered by the Snoqualmie Indian Tribe and have not been permitted to resume participation.
  - b. Applicants currently receiving the benefit of any other form of housing subsidy funded in whole or in part by HUD for the same dwelling unit.
  - c. Applicants related to the owner/landlord of the unit.
  - d. Mortgage payments are not eligible through this program.
4. Funding is available on a first come first serve basis, with preference to Snoqualmie Tribal Members.
5. Participants that have accessed this program funding for a cumulative of 12 months.
6. Only completed applications with all required documentation will be accepted.
7. Once all grant funding has been accounted for; the program will come to an end.

#### Program Requirements-----

The amount of Program assistance that a family will be eligible to receive will be up to 50% of the affordable rent amount, which is based on 30% of the applicant's monthly adjusted income. Under no circumstances will the Snoqualmie Indian Tribe enter into an agreement where the family is required to pay more than 30 percent of the family's adjusted monthly income. Rent cannot exceed the fair market rent for the area in which the unit is located. All approved payments will be paid directly to the owner/landlord with a current W-9. Reimbursements or retroactive payments are not allowed.



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### Personal Information-----

Applicant / Head of Household Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (or best contact number): \_\_\_\_\_ Enrollment number: \_\_\_\_\_

Number of adult enrolled Indians in household: \_\_\_\_\_ Tribe \_\_\_\_\_  
*(If not Snoqualmie Tribal Member)*

I am employed by the      Snoqualmie Tribe      Snoqualmie Casino      Other Employer

### Rental Information-----

A. Please complete your rental information for your current lease or rental that you are applying for.

Monthly Rent \_\_\_\_\_ Landlord Name \_\_\_\_\_

Lease Term \_\_\_\_\_ Landlord Phone \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ Landlord E-Mail \_\_\_\_\_

### Utilities-----

- (1) I would like to receive Utility Assistance with      Water      Power      Both
- (2) Current utility bill must be included with application and applicants name must be on the utility bill.

### Household Income-----

A. Please list everyone 18 years and older WITH or WITHOUT a source of income in your household. Please list any additional information on a separate page.

Name of Family Member	Sources of Income	Gross Amt. of Income	Per Hour	Per Week	Per Month	Annually

B. Please provide your last 2 most current Pay check stubs or letter from your employer stating your current status (I.e. laid off; hours cut; furloughed etc.) Due to COVID-19

Please answer the following questions by placing a check in the correct box.

- (1) Have you or spouse been temporarily laid off / furloughed or affected financially because of COVID-19?      YES      NO
- (2) Are you currently behind on your rent or utilities because of COVID-19?      YES      NO
- (3) Are you a guardian of a Snoqualmie Tribal Minor?      YES      NO  
If yes, please list their name(s) and/or their Enrollment #: \_\_\_\_\_



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### Household Information-----

A. Please list YOURSELF and all persons living in your same dwelling. Do not list members who reside elsewhere during the school year. Please continue on separate page if necessary.

	LAST NAME	FIRST NAME	DOB	Social Security #	Please state if this person a: <i>Minor, Elder or Disabled</i>
HOH 1.					
2.					
3.					
4.					
5.					
6.					

### Application Agreement-----

Please initial that you understand and agree to the following:

\_\_\_\_ I agree that if any information on this application changes after I have submitted it to the Housing Department (such as total household income or family composition), I will promptly notify the Housing Department so that my application may be updated accordingly.

\_\_\_\_ I understand that if I am selected for assistance, I will be required to provide documentation verifying identity and all income sources for all adult household members (18 and older). I understand that I will also be required to sign a Participant Agreement committing to program obligations, as set forth in the Policy, which includes the requirement of reporting changes in income or family composition to the Housing Department.

By signing, I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information that results in payments on my behalf for which I am not entitled. I agree that the Housing Department may contact other Tribal programs for pertinent information as it applies to this application. I agree to repay any assistance that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

Signature: \_\_\_\_\_

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

**Send applications to the housing department at:**

**Mail:** ATTN: Housing Department~ P.O. 969, Snoqualmie, WA 98065  
**FAX:** (206) 984-1586      **EMAIL:** housing@snoqualmietribe.us



Don't forget to include a copy of your **lease agreement, income verification and current utility bill;** applications with missing documents will not be considered until complete.