Eviction Rent Assistance Program (ERAP)

Household Information & Eligibility Form - REQUIRED

**Instructions: ERAP staff use this form to screen and document household eligibility.**

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| 1. **Household Information**
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| **Household ID:**  | **Date:** |
| Name: |
| WA State is collecting demographic data on head of households assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional.  |
| ***Gender:*** | Female | Male | Transgender | Gender non-conforming | Refused / Don’t Know |
| ***Ethnicity:*** | Non-Hispanic/Non Latino | Hispanic/Latino | Refused / Don’t Know |
| ***Race:*** | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | Multi racial | White | Refused / Don’t Know |
| 1. **Household Eligibility - must meet both screening criteria and at least one Additional Criteria in # 3 below.**
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| **Income at or below 50% of** [Area Median Income](https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn) **(AMI).** | ***Documentation required:***[ ]  *Calculation Worksheet and Income Documentation required: see 4 and 5 below for details.* |
| **Rent Due - At least one month of rent not paid or partially unpaid since March 1st.** | ***Documentation required:***[ ]  *ERAP Landlord Payment Agreement Form**OR*[ ]  *ERAP* *Friend/Family Payment Agreement Form* |
| 1. **Additional Criteria - any household member must meet at least one screening criteria**
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| All of the following eligibility criteria can be “self-certified/stated” by the household. A written statement with household signature is not required. Commerce prohibits grantees from collecting evidence to substantiate a household statement or adding any additional criteria, such as identification, Social Security numbers, birth certificates or medical documentation.  |
| [ ]  Rent burdened: 50% or more of current monthly income is needed to pay rent. |
| [ ]  Previously homeless within last five years. This includes experiences of couch surfing/double up. |
| [ ]  Eviction history within last seven years. |
| [ ]  Housing disrupted due to household member race, ethnicity, gender identity, sexual orientation, or religion.    |
| [ ]  At risk of severe illness [as per CDC](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) (62 or older, underlying condition). |
| [ ]  Disability of any member of the household. Includes a physical, developmental, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. A person with HIV/AIDS is considered disabled. |
| **If screening a young adult age 24 or younger, these additional criteria can be used to determine eligibility:** |
| [ ]  Person 24 years old or younger that is pregnant or parenting. |
| **[ ]** Person 24 years old or younger that is a recipient (current or past) from any one of the following: foster care; adoption; mental health; drug, alcohol treatment; court systems. |

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| 1. **Income Calculation**
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| Current income (average over last 60 days) must be at or below 50% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking to maintain housing together. When calculating income based on hourly, weekly, or monthly payment information, use one of the following calculation methods:1. Hourly wage multiplied by hours worked per week by 52 weeks
2. Weekly wage multiplied by 52 weeks
3. Bi-weekly wage (every other week) multiplied by 26 weeks
4. Semimonthly wage (twice a month) multiplied by 24 weeks
5. Monthly wage multiplied by 12 months
 |
| **Household name/ household members** | **Source of Income** *(see income types below)* | **Gross Income in a pay period** | **Calculation method** | **Annual Income** |
| *Example:**John Smith* | *wages* | *$1,000* | *12* | *$12,000* |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| **Household Annual Income:** | **$** |
| **50% AMI for household size in county:**  | **$** |
| **[ ]  Income at or below 50% of** [**Area Median Income**](https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn) **(AMI)** |

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| 1. **Income Type & Documentation**
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| **Type of income:** | **Check the box for income type:**  | **How to document:** Grantees should request source documentation to document income, however, if it cannot be obtained quickly, grantees should defer to a verbal self-certification by the applicant household.  |
| No Income |  | Self-certified/stated by the household. |
| Wages and Salary Income |  | Copy of most recent pay stub(s).**OR**Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation. **OR**Self-certified/stated by the household. |
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| Self Employment and Business Income |  | Copy of most recent federal and state tax return, profit and loss report from applicant’s accounting system, or bank statement.**OR**Self-certified/stated by the household. |
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| Pension/Retirement Income |  | Copy of most recent statement, benefit notice from Social Security, pension provider or other. **OR**Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount. **OR**Self-certified/stated by the household. |
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| Unemployment and Disability Income |  | Copy of most recent payment statement or benefit notice.**OR**Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. **OR**Self-certified/stated by the household. |
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| TANF/Public Assistance |  | Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS).**OR**Verbal verification from source that includes name of income source, income amount, and frequency of income.**OR**Self-certified/stated by the household. |
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| Alimony, Child Support, Foster Care Payments |  | Copy of most recent payment statement, notices, or orders.**OR**Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.**OR**Self-certified/stated by the household. |
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| Armed Forces Income |  | Copy of pay stubs, payment statement, or other government statement indicating income. **OR**Dated mail, fax, email verification or verbal verification that includes name of income source and income amount.**OR**Self-certified/stated by the household. |
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