

Swinomish Emergency Rental Assistance Program (SERAP) Form

The Swinomish Emergency Rental Assistance Program (SERAP) provides rent and utility assistance to eligible households who have experienced financial hardship due directly or indirectly to COVID-19. Both tenants and landlords may apply for SERAP for past and future rents owed by eligible tenants, but applications may not be duplicative. Assistance may be issued for eligible costs incurred between March 13, 2020, through September 30, 2022, unless the term is extended. Submit form in-person at the Swinomish Housing Division, 11367 Moorage Way, La Conner, WA or via email to serap@swinomish.nsn.us

The following types of assistance are available to eligible households:

- Housing Stability Services
- Current, future and/or past due rent
- Current, future and/or past due utilities and home energy costs for tenant household, including home internet
- New rental expenses for households with a qualifying rental agreement of 6 months or more (includes application fees, first, last, deposit)
- Rental and eviction related fees

The following types of assistance are NOT available through this program:

- Assistance for Temporary Shelter (Hotel and Motel)
- Television and cable expenses
- Mobile phone bills

Eligible households may receive up to 12 months of assistance upon initial application. Households that remain eligible may receive an additional three months of assistance. In no case may a household receive more than 15 months of assistance under this policy. Assistance is dependent on availability of funds and is provided to households based on priorities set by the Tribe in this policy.

All applicant households must meet the following five eligibility criteria to qualify for this program:

1. Households with at least one enrolled Swinomish Tribal Member *or* households within the reservation boundaries with at least one enrolled member of another federally recognized tribe;
2. Households who are renting or have a new rental agreement in place;
3. Households at or below 80% of Area Median Income (AMI) for the county where they live;
4. Households that demonstrate a risk of experiencing homelessness or housing instability; and
5. One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to COVID-19.

2021 Income Limits for Swinomish Reservation/Skagit County								
Household Size	1	2	3	4	5	6	7	8
80% AMI	\$46,100	\$52,650	\$59,250	\$65,800	\$71,100	\$76,350	\$81,600	\$86,900
50% AMI	\$28,850	\$32,950	\$37,050	\$41,150	\$44,450	\$47,750	\$51,050	\$54,350

Eligibility

Household Income

Is anyone in your household currently receiving public benefits or has received public benefits in 2021?

Note: Your confirmation of participation in any federal, state, tribal, or local government assistance program does not negatively impact your eligibility but instead may expedite your application. If you choose this option you must submit documentation of participation in federal, state, tribal, or local government assistance.

- Yes – Please skip to “COVID-19 Impact” section below
 No – Please continue on with the questions in this section

Public benefits programs may include:

- Head Start Childhood Education Program
- Public housing or housing choice voucher (Section 8)
- Social Security Disability Insurance (SSDI)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

Please provide your 2020 annual household income OR your current monthly household income.

Note: Applicants that qualify based on 2020 income tax returns may be certified for up to 12 months of assistance. Those applicants may recertify to receive an additional three months of assistance. Applicants that qualify based on monthly income will need to recertify their income eligibility every three months. Your household income is the total of what everyone in your household over age 18 earned in 2020. Total should include:

- Wages
- Salaries
- Unemployment benefits
- Pensions
- Social Security
- Rental income

2020 Annual Income Option	Current Monthly Income Option
My household's annual income for 2020 was \$ _____	My household's monthly income as of the application date is \$ _____

COVID-19 Impact

How has the COVID-19 pandemic (since March 2020) affected your household's income or assets?

Check all that apply

- Wages or hours reduced
 Currently am or have been unemployed
 Qualified for unemployment benefits
 Laid off or pause in work
 Sick and unable to work
 Caring for sick household member
 Loss of child or spousal support
 Caring for children home from school or daycare
 Other _____
 I did not experience a reduction in income

What additional expenses have your household had due to the COVID-19 pandemic (since March 2020)?

Check all that apply

- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare expenses
- Increased food or food delivery expenses
- Penalties, fees, and/or legal costs due to rental or utility arrears
- At home care for a household member ill from COVID-19
- Personal Protective Equipment (PPE) including masks
- Air quality (filters, ventilation) expenses
- Payments made by credit card to avoid homelessness
- Alternative transportation expenses due to COVID-19
- Other _____
- I did not experience an increase in expenses due to the pandemic

I attest that this information provided for COVID-19 pandemic impact is correct and complete to the best of my knowledge. Initial here: _____

Risk of housing instability or homelessness**Have you received a past due rent, past due utility, eviction notice, or other official notice?**

- Yes
- No

Notices or paperwork may include:

- Past due rent notice
- Past due or shut-off notice from your utility company
- Official notice that you have to leave your residence (e.g. eviction notice, “notice to quit”, or “pay or quit” notice)
- Eviction court paperwork with a hearing date

Have you or a member of your household experienced any of the following housing risks?

- Slept in an overcrowded residence therefore at an increased risk of exposure to COVID-19
- Feared or felt unsafe due to domestic violence, sexual assault, or stalking
- Used credit cards or high-interest lenders to pay for rent or utilities
- Slept overnight in a place not meant for human habitation and/or in a temporary shelter or a temporary residence
- Lived in a place not meant for human habitation
- Other _____

I attest that this information provided for risk of housing instability or homelessness is correct and complete to the best of my knowledge. Initial here: _____

Attestation

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 from SERAP and authorize SERAP staff to contact the landlord and utility companies listed in this application to verify account balances and payment amounts.

By my signature below, I hereby certify that all of the foregoing information and attached documentation is true and correct to the best of my knowledge. I understand that providing any false statements, false information, any misleading statements or information, or if I fail to notify SERAP staff of changes to my household's eligibility, will be grounds for denial of the application. If assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if the Swinomish Tribe determines it is appropriate to do so.

Print Name

Signature

Date

Documentation Checklist

- Tribal Identification Card
- Current rental lease (signed by landlord and tenant)
- Landlord Payment Agreement Form and W-9 for landlord
- A past due rent notice or eviction notice
- Utility or home energy bills, including home internet showing current amount due

Any one of the following:

- Documentation of participation in federal, state, tribal, or local government assistance
- IRS document for 2020 (e.g. 1040s, 1099s, etc.)
- Last month's wage statements, pay stubs, interest statements, unemployment benefit statements, and other income proof for ALL household members 18 years or old

OFFICIAL USE ONLY	
Date Received:	Time:
Application #:	Received by:
Eligibility determination <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Applicant Notification:
Prioritization: <input type="checkbox"/> Eviction <input type="checkbox"/> 50% AMI <input type="checkbox"/> Unemployment	



SWINOMISH INDIAN TRIBAL COMMUNITY

Swinomish Emergency Swinomish Emergency Rental Assistance Program (SERAP)

Landlord Payment Agreement Form

Instructions: Use this form if the household is renting from a landlord and there is a formal "rental agreement" or "lease." Complete Sections 1 and 2 with head of household. SERAP staff calculates Section 3. Contact landlord to complete Section 4 & 5.

1. Household Information

Client ID: Last name and Swinomish Tribal member's number	Date:
Name:	Phone number:
Street Address:	
City:	State/Zip Code:

2. Rent

a. What is the household's monthly rent/lease amount? <i>If utility costs are included in the monthly rent amount they can be included in the rental payment.</i>	\$
b. Check the months from March 2020 forward that rent is being requested for including months that are past due. Only three months of future rent is allowable at a time.	
2020 <input type="checkbox"/> March	<input type="checkbox"/> April
<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> Aug
<input type="checkbox"/> Sept	<input type="checkbox"/> Oct
<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
2021 <input type="checkbox"/> Jan	
<input type="checkbox"/> Feb	<input type="checkbox"/> Mar
<input type="checkbox"/> April	<input type="checkbox"/> May
<input type="checkbox"/> June	<input type="checkbox"/> July
<input type="checkbox"/> Aug	<input type="checkbox"/> Sept
<input type="checkbox"/> Oct	<input type="checkbox"/> Nov
<input type="checkbox"/> Dec	
c. What is the total rent and/or rental arrears due?	\$

3. Maximum Landlord Payment (to be completed by program staff)

a. <input type="checkbox"/> Rental Arrears (past due)	\$
b. <input type="checkbox"/> Future rent requested (3 month maximum including current month)	\$
What is Total SERAP Payment? <i>(including rental arrears, current and future rent)</i>	\$

4. Landlord, property manager, or agent authorized to accept payment:

Name:	Phone number:
Payment Address:	
City:	State/Zip Code:

Landlord W-9 required for payment, please remit with this form.

5. Landlord Signature

I certify that I am the Landlord, property manager, or agent authorized to accept payment and that the above information is true. I will accept the payment above as full satisfaction of any balance owed for the months paid by the program. No late fees or additional charges will be made for the months covered after I receive the SERAP Payment. No other local, Tribal, State or Federal assistance has been received for the months requested above.

Print name/Signature/Date:
