

# How to Apply for Emergency Rental Assistance

***The Restore Hope Ministries (RHM) COVID-19 Emergency Rental Assistance Program is a rental assistance program designed to provide relief to low- and moderate-income households residing in Tulsa County, Oklahoma that are unable to pay rent and utilities due to the COVID-19 Pandemic.***

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## Before you apply

### Gather the information you will need to complete the application

- ✓ Your name, address, phone number and current employment status.
- ✓ Details about the impact of COVID-19 on your household (health, income, expenses, etc).
- ✓ Household information
- ✓ Details about your current employment status, household income and any 2020 tax return information or recent paystubs (1 month's worth).
- ✓ Your landlord's contact information, information about your lease and where you live.
- ✓ Utility account information (if applicable) and how much is owed.
- ✓ Information about prior and current rental assistance received since March 2020 (including Section 8 or Public Housing Assistance)
- ✓ Supporting documentation listed below.

### Gather the supporting documentation needed

- ✓ Identity Verification
  - Such as: Driver's License or State Issued ID, Passport, Tribal CDIB Card, Veteran Identification
- ✓ Proof of reduction in household income (see FAQ's for more info)
- ✓ Income verification for all household members
- ✓ Proof of rent amount owed
  - Such as: late and past due notices, notices from rental property owners, eviction notice, etc.
- ✓ Proof of utility amount owed, if applying for utility assistance
- ✓ Evidence of financial hardship
  - Such as: termination notice from employer, unemployment letter or benefits print out, etc.

## Steps in the Application

Visit [erap.restorehope.org](http://erap.restorehope.org), or go directly to the application here.

### 1. Applicant Information

- ✓ Answer all demographics information about yourself or the person you are helping apply.
- ✓ Answer if you rent or own your home. Note: this program is only available to people who are renting and do not own their home.
- ✓ Discuss your current employment status.
- ✓ Provide a response regarding your plans to move in the next three months.
- ✓ Let the Restore Hope team know if someone is helping you fill out this form.
- ✓ Click “next” to go to step 2.

- 1 Applicant Information 2 COVID-19 Impact 3 Household Members 4 Income 5 Lease 6 Utilities  
7 Prior and Current Rental Assistance 8 Income Certification 9 Applicant Certification

### Applicant Information

<b>Name *</b>			<b>Date of Birth *</b>	<b>Age</b>	<b>Gender *</b>
First	MI	Last	<input type="text"/>		<input type="text"/>

Must be in the following  
numeric format:  
Month/Day/Year (mm/dd/yyyy)

<b>Address *</b>		
Address Line 1		
Address Line 2		
City	Oklahoma	Zip Code

<b>Email *</b>	<b>Phone *</b>	<b>Mobile Number? *</b>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

By providing your mobile number, you agree to receiving periodic SMS or MMS messages regarding your application. Message and data rates may apply.

<b>Do you have a social security number?</b>	<b>Social Security Number</b>
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Not having an SSN will **NOT** affect Rental Assistance Eligibility.

**Preferred Spoken Language \***

English ▼

**Ethnicity \***

Hispanic  Not Hispanic

**Are you currently renting? \***

Yes  No

This program is only available to persons that are renting and do not own their home.

**Current Employment Status \***

Unemployed  Employed

Self-Employed

**Do you plan to move in the next three months?**

Yes  No

**Is someone helping you complete this form? \***

Yes  No

**Are you a Veteran?**

Not a Veteran  Active Military  Retired Military  Previously Served

**Race \***

▼

**Disabled \***

Yes  No

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## 2. COVID-19 Impact

- ✓ Discuss who in your household was affected by COVID-19.
- ✓ Select a response (yes or no) regarding your employment status or the affected household member.
- ✓ Provide specific information regarding COVID-19's impact on you or your household.
- ✓ Answer (yes or no) if you have experienced homelessness before.
- ✓ Select any of the housing risk factors that best apply to your household.
- ✓ Answer (yes or no) if you have received a disconnect notice from your utility provider.
- ✓ Provide the date of the first month your family was financially impacted by COVID-19.
- ✓ Answer how many months you are behind on rent (if applicable).
- ✓ Select a response on if your landlord is willing to waive late fees if you receive assistance.
- ✓ Discuss if your will need assistance paying for rent in the future.
- ✓ Provide information about history of domestic violent and housing discrimination, if applicable.
- ✓ Click “next” to go to step 3.

### ERAP Application

ERAP Application

Application Information **COVID-19 Impact** Household Members Income Lease Utilities  
Prior and Current Rental Appearance Income Certification Applicant Certification

#### COVID-19 Hardship

Who in your household was financially affected by COVID-19? \*

Myself (Applicant Only)  Other household member(s)

Were you, or the affected household member, employed or self-employed/own business? \*

Employed  Self-Employed  Other

How were you, and/or other leaseholder(s), financially impacted by COVID-19? \*

Reduction in Household Income  Increased Costs  Other

Reduction in Income - Please select all that apply

Reduced wages  Employment Termination  
 Business Closed  Furlough  
 Receiving Unemployment  Sick and unable to work  
 Other

Have you been homeless before? Homelessness Priority Points: 0.00

Yes  No

Choose from one of the housing risk factors that best applies to your household situation. \*

I have received an eviction notice  I have paid due rent and utility bills  
 I have received a Notice of Nonpayment from my landlord (including 3-day notice to Pay or Quit)  I am living in unsafe and/or unhealthy living conditions  
 My housing costs are too expensive  I cannot afford to pay for essential items such as food, medicine, childcare, transportation, etc.  
 My landlord is harassing me and/or making verbal threats to evict me  I have had to pull out loans and pay for utilities and rent with credit  
 I have had or am currently exposed to intimate violence, sexual assault or stalking  I have an informal agreement with my landlord that I am unsure is legally protected  
 None of the above  
 Other

When did you receive an eviction notice? \*

2/15/2021

Have you received a disconnect notice from your utility provider? \*

Yes  No

What was the first month your family was financially impacted by COVID-19? \*

April, 2020

How many months are you behind in rent? \*

0

Is your landlord willing to waive late fees in the event that you receive assistance? \*

Yes  No

Do you need assistance paying for future rents? \*

Yes  No

Applicants may be eligible to receive assistance for future months of rent. Applicants must be able to provide a copy of the lease in order to receive the full amount of rent for up to three months in the future (if funding is available). Applicants who fail to supply their lease may not be eligible for full future rent payments.

Is there a history of Domestic Violence?

Yes  No

In your experience, do you feel like you have been discriminated against with your housing? \*

Yes  No

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### 3. Household Members

- ✓ Answer if there are additional members of your household (yes or no).
- ✓ If there are additional members of your household (partner, spouse, children) provide the following:
  - Name, Relationship, Sex, Date of Birth
  - Provide race and ethnicity for household member
  - Employment status (unemployed or employed)
- ✓ Click “next” to go to step 4.

#### ERAP Application

- ① Applicant Information   ② COVID-19 Impact   ③ **Household Members**   ④ Income   ⑤ Lease   ⑥ Utilities  
⑦ Prior and Current Rental Assistance   ⑧ Income Certification   ⑨ Applicant Certification

Are there additional household members that will or are currently living in the assisted unit? \*

Yes    No

#### Household Members

##### Members

**MEMBER 1**

Name \*   Relationship \*   Sex \*

First      

Last

Date of Birth \*   Age   Disabled \*   Ethnicity \*   Race \*

      Yes    No    Hispanic  

Must be in the following format: Month/Day/Year

Current Employment Status \*

Unemployed    Employed

Self-Employed

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#### 4. Income

- ✓ Provide information about your household income.
  - Select “yes” if any member of your household has income, otherwise select “no”
- ✓ Answer if you have filed your 202 taxes.
- ✓ Select yes/no depending on if your household members have completed their taxes or were included with another household member’s 2020 taxes.
- ✓ Provide detailed information regarding any income **you receive**.
- ✓ Click “next”
- ✓ Provide information about any income **a member of your household** receives
- ✓ Click “next” to go to step 5.

- ① Applicant Information   ② COVID-19 Impact   ③ Household Members   ④ **Income**   ⑤ Lease   ⑥ Utilities  
⑦ Prior and Current Rental Assistance   ⑧ Income Certification   ⑨ Applicant Certification

Does any household member have income? \*

Yes    No

Has Claire Smith filed 2020 taxes? \*

Yes    No

*Households who have filed their 2020 tax returns who wish to apply for additional funding may not be required to recertify income if they supply their 2020 Tax Return Documents*

Have the rest of the household members completed their 2020 taxes or were included with another members 2020 taxes? \*

Yes    No

### Household Income

#### Income

##### \* SOURCE 1

Please provide the following information regarding your income.

Name \*

First   MI   Last

**Important:** Applicants who's household income exceeds 80% of the Area Median Family Income are not eligible to receive subsidy under the Covid-19 Emergency Rental Assistance Program and their application for assistance will automatically be denied.

Applicants who do not agree with the denial determination may request an administrative review.

+ Add Source

Annual Gross Income

\$0.00

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## 5. Lease

- ✓ Provide information regarding your lease
  - Month-to-month or annual lease
  - Your rent
  - Type of house/apartment you live in
- ✓ Enter the contact information for your landlord. (If funds are approved, they will be sent to the property owner. Please provide complete owner information so that Restore Hope can find the property owner's account or
- ✓ Click "next" to go to step 6.

- ① Applicant Information   ② COVID-19 Impact   ③ Household Members   ④ Income   ⑤ **Lease**   ⑥ Utilities  
 ⑦ Prior and Current Rental Assistance   ⑧ Income Certification   ⑨ Applicant Certification

## Lease

Please provide the following information regarding your lease.

Lease Start Date \*      Lease End Date \*  
        

Are you on a month to month lease agreement? \*

Yes  No

Monthly Contract Rent \*

Type of House/Apartment \*

Bedrooms \*

**IMPORTANT:** If approved, funds will be sent to your owner. Please provide complete owner information so that we may find the property owner's account if they exist or contact them to set up a new account if they do not.

To help expedite your application please provide as much documentation

Owner Name \*

### Owner Address



Phone       Email

Does the owner participate in the City of Tulsa Gold Star landlord program? \*

Yes  No  I am not sure

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## 6. Utilities

- ✓ Answer yes if you need assistance with utilities. If not, select no and then click next.
- ✓ Mark the checkboxes for all of the utilities you pay for
  - Options are gas, electric, water, and propane.
  - Other bills cannot be paid through this program.
- ✓ For each company utility marked
  - Select the company from the dropdown list

- Enter your account number
  - Enter the total owed for each account.
- ✓ Click “next” to go to step 7.

- ① Applicant Information   ② COVID-19 Impact   ③ Household Members   ④ Income   ⑤ Lease   ⑥ Utilities   ⑦ Prior and Current Rental Assistance   ⑧ Income Certification   ⑨ Applicant Certification

**Do you need assistance with utilities?**

Yes    No

## Utilities

Please provide the following information regarding your utilities.

**Please select the Utilities that you pay for.**

Gas    Electric    Water    Propane

Please provide the names of your utility providers below.

**Gas Company \***

**Account Number \***

**Total Owed for Gas**

**Electric Company**

Applicants may be required to sign a utility release in order for RHM to verify utility provider owed balances.

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## 7. Prior and Current Rental Assistance

- ✓ Answer the following question: Since March 2020 have you received and/or are currently receiving Housing Choice Voucher (Section 8) or Public Housing Assistance?
  - If no, select no and move to the step 8
  - If yes
    - Select your program type
    - Date of benefits starting
    - Answer whether you benefits ended (yes or no)
    - Type your portion of the rent

### Prior and Current Rental Assistance

Families currently receiving other federally subsidized rental assistance may be eligible for ERAP Assistance. Assistance for families receiving subsidy under the HCV or Public Housing Program may not exceed the tenant owed portion of the obligated contract rent.

Please provide the following information regarding your current rental assistance benefits.

**Since March 2020 have you received and/or are currently receiveing Housing Choice Voucher (Section 8) or Public Housing Assistance?**

Yes  No

**Program Type**

- Housing Choice Voucher (Section 8)
- Public Housing

When did your benefits start?

**Have your benefits ended?**

Yes  No

How much is your portion of the rent?

Families who have received or are currently receiving other rental assistance may be required to show evidency of their rent portion.

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## 8. Income Certification

- ✓ Double check the four statements on Step 8, Income Certification
- ✓ If anything is incorrect select “back” and correct your answers

Are you a Veteran?

Not a Veteran  Active Military  Retired Military  Previously Served

### Applicant Certification

I, Claire Smith, certify that I rent the property located at 2220 S Real Road, Tulsa, Oklahoma 74103 for a monthly rent of \$550.00. \*

Yes  No

I, Claire Smith, certify that I, or our household members have experienced a financial impact due to the COVID-19 pandemic and is currently at risk of experiencing homelessness or housing instability. \*

Yes  No

I, Claire Smith, certify that the income from all sources reported on this application is correct and that I receive an estimated \$0.00 per year. \*

Yes / Agree  No / I do receive other forms of assistance

I, Claire Smith, am submitting this application fully aware that I will be subject to corresponding criminal, civil and administrative liabilities for any fraud or misrepresentation of information on my application. \*

Yes  No

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## 9. Applicant Certification

- ✓ Double check the four statements on Step 9, Applicant Certification.
- ✓ If anything is incorrect select “back” and correct your answers
- ✓ **(This is your last chance to review your application before submitting.)**

### ERAP Application

- ① Applicant Information   ② COVID-19 Impact   ③ Household Members   ④ Income   ⑤ Lease   ⑥ Utilities  
⑦ Prior and Current Rental Assistance   ⑧ Income Certification   ⑨ Applicant Certification

#### Applicant Certification

I, Claire Smith, consent to allow Restore Hope Ministries (RHM) to request and obtain income information from the sources listed below for the purpose of verifying my eligibility and level of benefits for this housing program. I authorize RHM to 1) request verification of salary and wages from current or previous employers; (2) request wage and unemployment compensation information from the state agency responsible for keeping that information; and 3) request verification of my assets from financial institutions. I understand that the income information received by RHM under this consent form cannot be used to deny assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations. \*

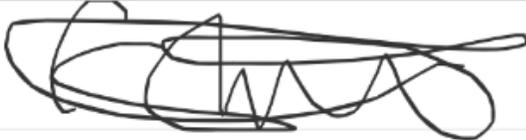
Yes    No

I, Claire Smith, am submitting this application fully aware that I will be subject to corresponding criminal, civil and administrative liabilities for any fraud or misrepresentation of information on my application \*

Yes    No

The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statements made of his/her knowledge are true; and all statements made on information and belief are believed to be true.

Signature \*



A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read 'Claire Smith'. There is a small circular icon in the bottom left corner of the box.

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Submit

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## 10. Upload Documentation

- ✓ The final step is to upload documents. A web page will show a list of documentation with a link to Upload Documents at the top and the bottom (see image). It will also have your applicant ID number. Write this down!



Applicant ID/Client ID: RHM1048

**You must submit the following documents\*:**

**Please upload your documents here:** [UPLOAD DOCUMENTS](#)

Identity Verification *(at least one of the following documents for all household members)*

- Driver's License or State Issued ID
- Passport
- Tribal CDIB Card
- Veteran Identification

Active Renter Evidence *(only one document per household needed)*

- Signed lease, tenant agreement or property owner certification
- Documentation of residence, including utility bills, attestation by a property owner who can be identified as the verified owner or management agent of the unit
- Other reasonable documentation

Income Verification *(at least one of the following documents for all household members)*

**Annual Income**

- 2020 Tax Return (1040, 1040EZ, etc.)
- 2020 W2 from Employer
- 2020 1099 Tax Form
- Other evidence of annual Income (e.g., wage statement, interest statement, unemployment compensation statement)

- ✓ Upload the following items
  - Identity Verification
  - Active Renter Evidence
  - Income Verification (annual, monthly or categorical)
  - Proof of Rent Arrears
  - Proof of Utility Arrears
  - Evidence of Financial Hardship (only one needed)
    - Reduction in Income
    - Evidence of Significant Costs/Expenses
  - Evidence of Risk of Homelessness
  - Owner Documentation
- ✓ Click Submit

## Upload Document

Enter the information below

Client Type	Your Client or Entity ID
<input type="text" value="Tenant/Applicant"/>	<input type="text" value="RHM1048"/>

Select Document:

Please Note: The maximum file size is 4MB. Acceptable files: PDF, JPEG and JPG

## Captcha Validation

This question is to test whether you are a human visitor or a robot. The reason for this validation step is to prevent automated spam submissions.

 I'm not a robot   
reCAPTCHA  
Privacy · Terms

## What happens next?

Your application is now submitted. Please take a moment to note your applicant ID number. A case manager from Restore Hope Ministries will review your application and supporting documentation to determine your eligibility. Applications will be prioritized based on federal guidelines and data collected related to risk of eviction, homelessness, as well as other local priority criteria.

You will be notified through email of your selection for an eligibility review and determination. If you are not selected, your application will not be considered and will be inactivated.

## Frequently Asked Questions

For more information and FAQ's visit [erap.restorehope.org](http://erap.restorehope.org).

### 1. WHAT IS THE COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM?

The Restore Hope Ministries (RHM) COVID-19 Emergency Rental Assistance Program is a rental assistance program designed to provide relief to low- and moderate-income households residing in Tulsa County, Oklahoma that are unable to pay rent and utilities due to the COVID-19 Pandemic.

### 2. WHO CAN APPLY FOR THE COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM?

Households who live in Tulsa County, Oklahoma who:

1. Qualify for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due, directly, or indirectly to COVID-19 outbreak.
2. Demonstrate a risk of experiencing homelessness or housing instability; and
3. Have a household income at or below 80 percent of the area median.

CARES EMERGENCY RENTAL ASSISTANCE MAXIMUM INCOME LIMIT								
COUNTY	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Tulsa County	38,450	43,950	49,450	54,900	59,300	63,700	68,100	72,500

### 3. WHAT IS A COVID-19 ERAP APPLICATION?

An application is the first step to being considered for emergency rental assistance. All applications submitted will be prioritized and assessed according to need. You will be notified through email of your selection for an eligibility review and determination. If you are not selected, your application will not be considered and will be inactivated.

### 4. HOW DO I APPLY FOR THE COVID-19 ERAP WAITING LIST?

Go to <https://erap.restorehope.org> during the open enrollment period and follow the instructions on the home page to submit an application. This is the only way to create an application for the ERAP.

### 5. WHEN CAN I SUBMIT AN APPLICATION FOR COVID-19 ERAP?

The open enrollment period for accepting applications opens on Monday, March 15th, 2021 at 9:00am. Applications will be accepted until an adequate number of applications have been received to distribute all available program funds.

### 6. HOW DOES PRIORITIZATION OF ASSISTANCE WORK?

A prioritization process will be used to select eligible applicants.

Priorities in selection will be given to household who meet the following criteria:

- The income of the household does not exceed 50 percent of the area median income for the household.

- 1 or more individuals within the household are unemployed as of the date of the application for assistance and have not been employed for the 90- day period preceding such date.

In addition to the above prioritized conditions, Restore Hope will prioritize based on data collected related to risk of eviction, homelessness, as well as other local priority criteria.

**7. WHAT ARE THE HOURS THAT THE WEBSITE WILL ACCEPT COVID-19 ERAP APPLICATIONS?**

The website <https://erap.restorehope.org> accepts applications 24 hours a day beginning on Monday, March 15th, 2021 at 9:00am until an adequate number of applications have been received to distribute all available program funds.

**8. EXACTLY HOW LONG WILL THE COVID-19 ERAP ASSIST WITH RENTAL ASSISTANCE?**

Assistance will be provided according to guidelines from the Department of Treasury and, as such, no rent or utility assistance prior to March 13, 2020 will be considered eligible. The program will remain open until December 31, 2021 or until all funds have been allocated.

**9. HOW MUCH ASSISTANCE IS AVAILABLE?**

Restore Hope will work with tenants and landlords to provide the necessary assistance to prevent homelessness, to the extent the funds are available. A determination will be made if further assistance is needed to ensure housing stability according to Treasury Department guidelines.

**10. CAN I APPLY FOR OTHER RENTAL ASSISTANCE WHILE BEING ASSISTED FROM THE COVID-19 ERAP?**

Yes. However, households who receive subsidy from other rental assistance programs such as Housing Choice Voucher (Section 8) or Public Housing will not be eligible to receive ERAP assistance if the assistance results in duplicative benefits. Households who have a tenant portion of rent that is not assisted by other federal source may be eligible for assistance.

**11. DO I HAVE TO CREATE AN ACCOUNT AT <https://erap.restorehope.org>?**

Creating an account allows you to come back to the website after you have submitted your application and check on the status of your application. You must save your account information so that you may return to the website and find out if your application was selected.

**12. WHAT DOCUMENTATION IS REQUIRED WHEN I SUBMIT MY APPLICATION?**

One of the following items of documentation is required at the time of submitting your application.

Identification

- Driver’s License or State Issued ID
- Passport
- Tribal CDIB Card
- Veteran Identification

*Reduction in household income* (Section II.A.1) is defined as a loss of wages or compensation.

RHM will accept the following documents as form of verification in reduction of household income since 3/13/20:

- 1) Letter from employer stating reduced wages, termination, or furlough.
- 2) Layoff letter from employer
- 3) Unemployment letter dated from 3/13/2020 to current.
- 4) Print out from Unemployment on benefits received in the last 30 days.

- 5) Notice of business closure on employer website.
- 6) Letter from healthcare provider or employer noting a COVID-related inability to work.
- 7) Letter from workforce solutions
- 8) Reduction of income due to family member who passed away due to COVID-19.
- 9) Other applicable documentation verifying reduction in income.
- 10) If none of the above available, a self-certification form may be acceptable.

Income Verification (at least one of the following documents for all household members)

**Annual Income**

- 2020 Tax Return (1040, 1040EZ, etc.)
- 2020 W2 from Employer
- 2020 1099 Tax Form
- Other evidence of annual Income (e.g., wage statement, interest statement, unemployment compensation statement)
- If none of the above available, self-certification form. If self-certification is relied on, RHM will reassess household income every three months, as needed to determine additional subsidy eligibility

**Monthly Income**

- One month's worth of paystubs, at minimum showing gross pay for wages dated within the last 60 days (about 2 months), from the time of application
- Social Security benefit letter dated within the last 12 months
- Unemployment benefits letter dated with the last 60 days (about 2 months)
- Child Support Payment Report from the Oklahoma Department of Human Services
- Letter from parent payment child support for Child Support payments made outside of the Oklahoma Department of Human Services. Letter must be dated within the last 60 days (about 2 months)
- Any other documented monthly income, i.e. (public assistance, alimony, workers comp, etc.)
- If none of the above available, self-certification form. If self-certification is relied on, RHM will reassess household income every three months, as needed to determine additional subsidy eligibility

If an applicant's household income has been verified to be at or below 80% of the area median income in connection with another local, state, or federal government assistance program, RHM may accept official documentation from the government agency that verified the applicant's household income in determining income eligibility, provided that the determination for such program was made on or after January 1, 2020.

Proof of Rent Arrears (if applying for arrearages)

- Lease and Past Due Notice
- Ledger (can be obtained from your landlord or submitted by landlord separately)
- Notice of rent arrears issued by the rental property owner
- Eviction Notice
- If none of the above available, self-certification form may be accepted on the condition that applicant can provide satisfactory evidence of residence. If this option is being relied upon, the household must provide evidence of rent owed after three months for the household to be considered for continued assistance as needed and is available.

\*Documentation must include the months in which the rent arrearages are being incurred

Proof of Utility Arrears (if applying for arrearages)

NOTE: According to federal guidelines, utility assistance is only allowed for eligible renter households. Homeowners are not eligible for this assistance, unfortunately.

- Total amount of each type of assistance (i.e., rent, rental arrears, and home energy costs, and home energy costs arrears) provided to each household,
- Utility Company Name and Account Number
- Past Due utility bills/statements
- Any applicable documentation from the Utility Company
- If none of the above available, self-certification form may be accepted.
- If the household member named on the utility bill is not a named household member on the lease, the household must provide proof of occupancy in the residence.
- Households may be required to complete a utility release to obtain utility verification.
- Documentation must include the months in which the utility arrearages are being incurred.

Evidence of Financial Hardship, such as a reduction in income or incurring significant costs, either directly or indirectly due to the COVID 19 outbreak (only one document per household needed)

**Reduction of Income:**

- 1) Letter from employer stating reduced wages, termination, or furlough.
- 2) Layoff letter from employer
- 3) Unemployment letter dated from 3/13/2020 to current.
- 4) Print out from Unemployment on benefits received in the last 30 days.
- 5) Notice of business closure on employer website.
- 6) Letter from healthcare provider or employer noting a COVID-related inability to work.
- 7) Letter from workforce solutions
- 8) Reduction of income due to family member who passed away due to COVID-19.
- 9) Other applicable documentation verifying reduction in income.
- 10) If none of the above available, a self-certification form may be acceptable.

**Evidence of Significant Costs/Expenses (if applicable) Restore Hope will accept the following documents as form of verification of significant COVID-related costs since 3/13/2020:**

- Healthcare costs, including care at home for individuals with COVID-19
- Adverse healthcare impact/Increased healthcare costs (medical bills, receipts, etc.)
- Expenses incurred due to quarantining or social distancing as mandated by employer (computer equipment, internet expenses, etc.)
- Expenses for childcare due to school closures because of COVID-19
- Remote learning expenses due to COVID-19
- Purchase of PPE (Personal Protective Equipment)
- Funeral costs for deceased family members due to COVID-19
- Penalties, fees, and legal costs associated with rental or utility arrears
- Payments for rent or utilities made by credit card to avoid homelessness or housing instability
- Alternative transportation for households unable to use public transportation during the pandemic
- If none of the above are available, self-certification form

\*These costs may be verified with receipts, payment statements, bank or credit card statements, or other documentation. Proof of payment of incurred expenses is not required.

Evidence of Risk of Homelessness (only one document per household needed)

- Eviction notice
- A past due utility or rent notice (late notice or 5-day notice to pay/quit)
- Living in unsafe or unhealthy living conditions, such as conditions that increase the risk of exposure to COVID-19 because of overcrowding
- A housing cost burden that makes it difficult for renters to afford their housing costs
- Informal rental arrangements with little or no legal protection
- History of or potential for exposure to intimate partner violence, sexual assault, or stalking
- Evidence the household is forgoing or delaying the purchase of essential goods or services to pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school
- Documented harassment or threats of eviction by a property owner
- Evidence the household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income

Owner Documentation

- Name, address, social security number, tax identification number or social security number, as applicable, for property owner
- Completed W-9 tax form for owner or property manager
- Property Management Agreement, Brokers Agreement that authorizes payments to be distributed to property manager on behalf of owner.
- Proof of ownership (deed, most recent real estate tax bill, or current property insurance policy). The agency may also verify property ownership with a local municipal Assessor's Office

or with the Registry of Deeds. If this option is used, the agency must maintain a printed copy of such verification in the applicant file.

**13. DO I NEED TO HAVE LEGAL IMMIGRATION STATUS TO BE ELIGIBLE TO RECEIVE ASSISTANCE?**

No. Households do not need to have a legal immigration status to qualify for the program.

**14. IF MY APPLICATION IS SELECTED, DO I AUTOMATICALLY QUALIFY FOR ASSISTANCE?**

No, RHM needs to review all your documentation that you submit to determine your eligibility. Applications will be prioritized based on federal guidelines and other data collected related to risk of eviction, homelessness, as well as other local priority criteria.

**15. I DO NOT HAVE AN EMAIL ADDRESS. HOW DO I SUBMIT MY COVID-19 ERAP APPLICATION?**

You cannot apply without an email address. You must obtain a valid email address to make an application. There are many free email services such as Yahoo, Gmail, and Hotmail. If you require a reasonable accommodation to assist in applying, you can call customer service at 918-528-9008.

**16. CAN I USE MY SMART PHONE, IPHONE, ANDROID TABLET OR OTHER ELECTRONIC DEVICE WHICH HAS AN INTERNET CONNECTION TO MAKE AN APPLICATION?**

Yes, if you can navigate to the website <https://erap.restorehope.org> and enter all the information from your device, you can use it.

**17. CAN I MAKE CORRECTIONS TO MY APPLICATION DURING THE APPLICATION PERIOD?**

You cannot change your application, however you can upload new documents at any point during the application period.

**18. DO I HAVE TO ENTER NAMES AND INCOME ON MY COVID-19 ERAP APPLICATION?**

Yes. You must answer all the questions and complete all the required fields in the application. Your application must list all the members of your household and all your household's income including, but not limited to: Social Security Retirement, Social Security Disability, Supplemental Security Income (SSI), pensions, child support, alimony, unemployment, temporary disability, wages, self-employment earning, etc.

**19. CAN I PRINT MY COVID-19 ERAP APPLICATION?**

Yes, you can print the application before submitting it. Applications will only be accepted online. RHM will extend reasonable accommodations to disabled individuals, and person(s) who have limited English proficiency on a case-by-case basis and will take into consideration the disability and the need(s) of the individual(s) or those households without internet access.

**20. I DON'T HAVE INTERNET ACCESS AT HOME WHERE CAN I GO TO COMPLETE MY COVID-19 ERAP APPLICATION?**

Please call 918-528-9008 Monday through Friday from 8:00am to 5:00pm for assistance.

**21. IF I HAVE QUESTIONS, WHO SHOULD I CONTACT?**

Please call 918-528-9008 Monday through Friday from 8:00am to 5:00pm for assistance.

**22. I WAS ON THE WEBSITE AND STARTED TO COMPLETE MY ERAP APPLICATION. I LOST THE INTERNET CONNECTION IN THE MIDDLE. HOW DO I GET BACK?**

If you did not receive a confirmation receipt, you will need to start your application again from the beginning.

**23. THE WEBSITE IS UNAVAILABLE AND I CANNOT ENTER MY ERAP APPLICATION. WHAT SHOULD I DO?**

Please re-try after a few minutes.

**24. CAN SOMEONE ELSE SIGN UP FOR ME?**

Yes, you can have a friend, family member or case worker assist you in completing the application, but you must certify that all the information being provided (dates of birth, income, etc.) is true and sign electronically.

You will need to include the name, phone number and email of the person who assisted you on the application.

**25. IF MY CHILDREN LIVE WITH ME AND THEY ARE 18 YEARS OLD OR OLDER DO I HAVE TO INCLUDE THEIR INCOME?**

Yes, all adult household members' income needs to be entered into the application.

**26. HOW DO I REQUEST A REASONABLE ACCOMMODATION DUE TO A DISABILITY?**

If you are disabled and need help applying for an application, RHM will extend reasonable accommodations on a case-by-case basis and will take into consideration the disability and the need(s) of the individual(s). Our written policy is in our Administrative Plan which can be viewed online at: <https://erap.restorehope.org>. Please contact RHM's Customer Service number at 918-528-9008 Monday through Friday from 8:00am-5:00pm, for reasonable accommodations, including persons with limited English proficiency.

**27. I DON'T SPEAK ENGLISH OR DON'T SPEAK ENGLISH WELL ENOUGH TO COMPLETE THE ERAP APPLICATION. CAN I GET AN APPLICATION IN ANOTHER LANGUAGE?**

The application is available in English and Spanish. Please select the box at the top left of the application to choose the language for the application. Other language assistance is available by calling RHM's Customer Service number at 918-528-9008.

**28. HOW SOON WILL I RECEIVE MY ASSISTANCE?**

We are unable to provide an estimated timeframe for payment should your application be selected, and we will process applications as efficiently and equitably as possible.

**29. SHOULD I STOP PAYING MY RENT WHEN I APPLY FOR ERAP?**

No, if you can pay all or part of your rent, you should continue paying until you are notified by RHM that you have been fully accepted into the program and that RHM has issued a rental payment to your property owner. If you pay rent for a month that will be covered by this program, your property owner will be required to provide a credit for future rent due for that payment.

**30. WILL THE HOUSING ASSISTANCE GO DIRECTLY TO ME?**

No, it will go directly to your property owner.

**31. CAN ERAP FUNDS BE USED TO PAY FOR SECURITY DEPOSITS OR OTHER FEES**

Reasonable accrued late fees are eligible but landlords who waive late fees may receive some priority in application processing.