

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 your current employment status, income and any 2020 tax return information
- ✓ Dates of disconnect notices, any change in income, and how many months of assistance you will require.
- ✓ Your landlord's contact information, information about your lease and where you live.
- ✓ The amount you pay for utilities (if applicable).
- ✓ Information about prior and current rental assistance received since March 2020 (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, Birth Certificate, 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 arrears
 - Such as: late and past due notices, notices from rental property owners, eviction notice, etc.
- ✓ Proof of utility arrears, if applying for utility assistance
- ✓ Evidence of financial hardship
 - Such as: termination notice from employer, unemployment letter or benefits print out, etc.
- ✓ Evidence of risk of homelessness

Steps in the Application

Visit 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.
- ✓ 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.

The screenshot shows the 'ERAP Application' form on the website erap.restorehope.org. The page header includes the site name and navigation links: Home, Check Application Status, Owner Documents, and Upload Documents. The main content area is titled 'ERAP Application' and features a progress bar with the following steps: Applicant Information (selected), COVID-19 Impact, Household Members, Income, Lease, Utilities, Prior and Current Rental Assistance, Assisted/Client Consent Form for Release of Information, Authorization for Use or Disclosure of Protected Health Information, Income Certification, and Applicant Certification.

Applicant Information

Name *
First [] Last [] Date of Birth * [] Age [] Gender * []

Address *
Address Line 1 []
Address Line 2 []
City [] Oklahoma [] Zip Code []

Email * [] Phone * [] Mobile Number? * []
If providing your mobile number, you agree to receiving periodic SMS or MMS messages regarding your application. Message and data rates may apply.

Do you have a social security number? [] Yes [] No

Not Having an SSN will affect Rental Assistance Eligibility.

Preferred Spoken Language * [] English []

Ethnicity * [] Hispanic [] Not Hispanic Race * [] Disabled * [] Yes [] No

Are you currently renting? * [] Yes [] No

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

How did you hear about the program? * []

[Next]

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.

① Applicant Information ② **COVID-19 Impact** ③ Household Members ④ Income ⑤ Lease ⑥ Utilities
⑦ Prior and Current Rental Assistance ⑧ AssistOK Client Consent Form for Release of Information
⑨ Authorization for Use or Disclosure of Protected Health Information ⑩ Income Certification ⑪ Applicant Certification

COVID-19 Hardship

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

Myself/Applicant Only Other household member(s)

Who in your household was financially affected by COVID-19? is required.

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

Have you been homeless before?

Yes No

Select at least one of the housing risk factors that applies to your household situation *

- | | |
|--|--|
| <input type="checkbox"/> I have received an eviction notice | <input type="checkbox"/> I have past due rent and utility bills |
| <input type="checkbox"/> I have received a Notice of Nonpayment from my landlord (including 5 day notice to Pay or Quit) | <input type="checkbox"/> I am living in unsafe and/or unhealthy living conditions |
| <input type="checkbox"/> My housing costs are too expensive | <input type="checkbox"/> I cannot afford to pay for essential items such as food, medicine, childcare, transportation, etc. in order to pay rent |
| <input type="checkbox"/> My landlord is harassing me and/or making verbal threats to evict me | <input type="checkbox"/> I have had to take out loans and pay for utilities and rent with credit |
| <input type="checkbox"/> I have been or am currently exposed to intimate violence, sexual assault or stalking | <input type="checkbox"/> I have an informal agreement with my landlord that I am unsure is legally protected |
| | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Other <input type="text"/> |

I'm a renter and I only need assistance with my utilities. *

Yes No

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? *

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 their 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.

Has anyone in your household experienced domestic violence?

Yes No

Answers will be kept confidential and will not negatively impact your application.

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 AssistOK Client Consent Form for Release of Information
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Are there additional household members that are currently living in the unit? *

Yes No

Household Members

Members

MEMBER 1

Name *
First
Last

Relationship *

Sex *

Date of Birth * **Age**

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

Current Employment Status *
 Unemployed Employed
 Self-Employed

Disabled *
 Yes No

Ethnicity *
 Hispanic
 Not Hispanic

Race *

[+ Add Member](#)

[Back](#)

[Next](#)

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.

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 AssistOK Client Consent Form for Release of Information
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Does any household member have income? *

Yes No

I hereby certify that I do not receive income from any of the below sources: *

Yes No

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
- Unemployment or disability payments; Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Any other source not named above.

Do you or any household member currently receive benefits from a government assistance program that has determined you to be eligible under the income requirements, like SNAP, TANF, Soonecare or WIC? *

Yes No

If you answer yes, although you must still report your income below, you do not need to supply pay stubs or other income verification IF you supply documentation from the government agency that has determined you as income eligible.

Household Income

Total Members

1

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 AssistOK Client Consent Form for Release of Information
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Lease

Please provide the following information regarding your lease.

Lease Terms
Annual Agreement

Lease Start Date * **Lease End Date ***

Monthly Contract Rent *

Type of House/Apartment * **Bedrooms ***

IMPORTANT: If approved, funds will be sent to the property owner/management company. 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 possible

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

6. Utilities

- ✓ Mark the checkboxes for all of the utilities you pay for
 - Options are gas, electric and water
 - 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.

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 Utility Release of Information
⑨ AssistOK Client Consent Form for Release of Information
⑩ Authorization for Use or Disclosure of Protected Health Information ⑪ Income Certification ⑫ 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

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

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 AssistOK Client Consent Form for Release of Information
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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 you currently receiving 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 evidence of their rent portion.

Have you or are you currently receiving other rent, utilities, or hardship benefits due to COVID under Emergency Rental Assistance (ERAP)? Select all that apply.

Rent Utilities Other

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8. AssistOK Client Consent Form for Release of Information

- ✓ Please read and answer the following consent form.
- ✓ Select next to continue the application.

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ERAP Application

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AssistOK Client Consent Form for Release of Information

What is AssistOK?

AssistOK is a software system currently administered by the Tulsa Community Foundation 501Tech program. It is used by many social service agencies in Oklahoma that provide services to those in need of their assistance. The personal information collected in AssistOK will help the participating social services agencies analyze and improve service delivery, and evaluate the effectiveness of their services.

We are asking your permission to share information you provide to us with, and receive information about which your information is shared is available upon request at any participating agency. We use AssistOK to reduce the amount of time we spend on administrative issues and asking you basic questions about your situation, allowing us to focus on delivering better and more efficient services to you.

Who can see information in the AssistOK system?

Only trained representatives of agencies using AssistOK will be allowed to view, enter, or use information kept in the AssistOK system. Participating agencies will never give information about a person to anyone outside this system without your written consent, unless required by law (including in response to a valid subpoena, warrant, or court order, or to report child abuse). Agencies may need to share general information (without including any of your personally identifiable information) for the purpose of continuing to receive programmatic support. A list of agencies participating in AssistOK can be provided upon request.

What information is collected and can be shared?

The data shared in AssistOK will help organizations provide and/or direct you to relevant services. We will not share detailed case notes from your visit – other agencies will only be able to access your information which may include the following:

- Name
- Date of birth
- Last four digits of SSN
- Race/ethnicity
- Gender
- Contact information
- Veteran status
- Disability status
- Household composition
- Income sources and amounts
- Non-cash benefits
- Homeless status/history
- Where/when social services were accessed
- Case manager contact information

Following execution of this consent form:

- You may request to see your AssistOK record (including this consent form), ask for changes, and to have a copy of it from this agency upon written request. This consent will expire in five years.
- You may end this consent at any time by providing notice in writing. There may have been information shared and services provided based on this consent when it was in effect. Ending this consent cannot change that.
- Any statistical analysis of AssistOK data that is released will be aggregate data and will not reveal any personal identifying information.

By signing below, I authorize this [Restore Hope Ministries](#) to share my information with other agencies using the AssistOK system as set out in this consent form.

Please treat information about my household the same as mine.

I do consent to share my information with other agencies using the AssistOK system. *

Yes No

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9. Authorization for Use or Disclosure of Protected Health Information

- ✓ Please read and answer the following consent form.
- ✓ Select next to continue the application.

- ① Applicant Information ② COVID-19 Impact ③ Household Members ④ Income ⑤ Lease ⑥ Utilities
⑦ Prior and Current Rental Assistance ⑧ AssistOK Client Consent Form for Release of Information
⑨ **Authorization for Use or Disclosure of Protected Health Information** ⑩ Income Certification ⑪ Applicant Certification

Authorization for Use or Disclosure of Protected Health Information



This form documents my permission for **Restore Hope Ministries** to share my ShareLink records, which contain information about me called "protected health information", with other organizations that use the ShareLink system, and other social agencies who may assist me, to exchange information. The purpose of sharing my ShareLink records is to help ShareLink organizations, and other social agencies who may assist me, more quickly determine what services I need and whether I am eligible for those services by not having to collect the same information from me each time I visit a ShareLink agency or other local social service agency, and to coordinate the delivery of services that are provided to me.

I understand that if I sign this consent/authorization and my information is disclosed to another agency, the information may lose protection it may otherwise have under Health Insurance Portability and Accountability Act (HIPAA - a federal law that protects certain health information about me) and any other state or federal privacy laws. I further understand that each current and future participating ShareLink organization that will have access to my ShareLink records will have signed a written contract that promises they will only use my information for the purposes stated above and will not release it to anyone else.

I understand that if I do not sign this form, it will not change whether or not I can receive services from **Restore Hope Ministries** or any other ShareLink organization. I understand that I have a right to have a copy of this form.

I understand that this authorization is good three (3) years from the date of my signature below or until I achieve permanent housing or no longer receive support services, whichever is later, unless I withdraw it by giving a written request to any agency that participates in ShareLink, which I may do at any time. I understand that I may withdraw my permission for the sharing of my information or change this authorization at any time by writing to any agency that is sharing my information. If I withdraw this authorization in the future, I understand that it will not change the fact that my ShareLink records were shared before that date.

I agree to allow **Restore Hope Ministries** to share my ShareLink records with people who work as employees, contractors, consultants or volunteers at the organizations that use the ShareLink system or any non-ShareLink organizations that otherwise assist in the course of providing the services for which I am applying. I understand a list of statewide agencies is being made available to me now.

I understand that additional organizations may join ShareLink at any time and will also have access to my ShareLink records for the previously stated purpose of coordinating access and delivery of services to me. I acknowledge being offered a copy of a list of those organizations that are presently either a

registrant in the ShareLink system or that otherwise may be contacted by ShareLink system members or organizations with whom my ShareLink records may be discussed in an effort to help me. I understand that upon my request any ShareLink agency will furnish me with an updated copy of all participating agencies. I understand that due to the ever-changing nature of the services we provide or with which we coordinate, this list cannot be considered comprehensive.

My ShareLink records may include information about me and my household such as name, address, employment, gender and age, about non-health services such as food, clothing, housing and financial assistance, about medical and mental health conditions, substance abuse treatment, and domestic violence issues that I currently have or have received treatment for in the past, and about services that I receive from ShareLink organizations.

Agencies that have staff designated for the provision of alcohol or substance abuse education, treatment or prevention and that are regulated or assisted by the federal government are given higher protection under a specific federal law (42 C.F.R. Part 2, 42 U.S.C. § 290dd-2). I understand that if the records or information being released about me is from a ShareLink agency that is governed by that specific federal law, then I will be asked to sign a specific form authorizing the sharing of that information with a particular agency before it is shared.

Applicant Name	Date of Birth
Test Test	4/7/1988

I, **Test Test**, authorize **Restore Hope** to share my ShareLink Records. I understand that providing this release is optional and will not affect the level of benefits that I may be eligible under this application. *

Yes No

NOTICE OF RIGHTS: Information in your records that you have or may have a communicable or noncommunicable disease is made confidential by law and cannot be disclosed without your permission except in limited circumstances including disclosure to persons who have had risk exposures, disclosure pursuant to an order of the court or the Department of Health, disclosure among health care providers or disclosure for statistical or epidemiological purposes. When such information is disclosed, it cannot contain information from which you could be identified unless disclosure of that identifying information is authorized by you, by an order of the court or the Department of Health or by law.

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10. Income Certification

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

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- ① Applicant Information ② COVID-19 Impact ③ Household Members ④ Income ⑤ Lease ⑥ Utilities
⑦ Prior and Current Rental Assistance ⑧ AssistOK Client Consent Form for Release of Information
⑨ Authorization for Use or Disclosure of Protected Health Information ⑩ **Income Certification** ⑪ Applicant Certification

Applicant Certification

I, Test Test, certify that I rent the property located at Address, Tulsa, Oklahoma 74104 for a monthly rent of \$600.00. *

Yes No

I, Test Test, certify that I, or my 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, Test Test, 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, Test Test, 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

I, Test Test, affirm that the rental arrears submitted with my application for the Restore Hope Ministries Emergency Rental Assistance Program have not been paid from any other COVID-19 related program or from any other federal, state or local program. *

Yes No

I, Test Test, recognize that my story may be helpful in Restore Hope Ministries, Inc's work in the community and, thus, I hereby grant Restore Hope Ministries, Inc. permission to use my story in any and all of its publications and promotional efforts, including website entries, without payment or any other consideration. I recognize that Restore Hope may use only my first name or an alias if they feel that is more appropriate. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my story appears. I hereby hold harmless and release and forever discharge Restore Hope Ministries, Inc. from all claims, demands, and causes of action which I have or may have by reason of this authorization. I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. *

Yes No

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11. 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
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Applicant Certification

I, Test Test, 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, Test Test, 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 *

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Submit

12. Upload Documentation

- ✓ Scroll to the bottom of the page to upload documents

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

Applicant ID: RHM1027

- ✓ 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

What happens next?

Your application is now submitted. 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.

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.

1. IF I HAVE QUESTIONS, WHO SHOULD I CONTACT?

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

2. CAN I USE MY SMARTPHONE, 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.

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

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

4. 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.

5. 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.

6. 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.

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

Please retry after a few minutes.

8. 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.

9. 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 8:00 am-5:00 pm, for reasonable accommodations, including persons with limited English proficiency.

10. 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?

Yes, the application is available in English and Spanish.

11. 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.

12. WILL THE HOUSING ASSISTANCE GO DIRECTLY TO ME?

No, it will go directly to your property owner.