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
  o 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
  o 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
  o 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.
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 you 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.
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.
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 2020 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.
5. Lease

✓ Provide information regarding your lease
  o Month-to-month or annual lease
  o Your rent
  o 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.
6. Utilities

✓ Mark the checkboxes for all of the utilities you pay for
  o Options are gas, electric and water
  o Other bills cannot be paid through this program

✓ For each company utility marked
  o Select the company from the dropdown list
  o Enter your account number
  o Enter the total owed for each account.

✓ Click “next” to go to step 7.
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
8. **AssistOK Client Consent Form for Release of Information**

- Please read and answer the following consent form.
- Select next to continue the application.
9. Authorization for Use or Disclosure of Protected Health Information

✓ Please read and answer the following consent form.
✓ Select next to continue the application.
10. Income Certification

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

Applicant Certification

1. 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

2. 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 *

[Signature]

[Back]  [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
  o Identity Verification
  o Active Renter Evidence
  o Income Verification (annual, monthly or categorical)
  o Proof of Rent Arrears
  o Proof of Utility Arrears
  o Evidence of Financial Hardship (only one needed)
    ▪ Reduction in Income
    ▪ Evidence of Significant Costs/Expenses
  o Evidence of Risk of Homelessness
  o 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.