



## APPLICATION INSTRUCTIONS FOR GOVERNMENT – COMPETITIVE ROUND EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM

1. All Set-Aside Community Action Applicants must complete Part 1 of the application, and also include:
  - ✓ Most recent audit or audited financial statement
  - ✓ Staff Roster/Contact Sheet
  - ✓ Board Member Information:

List of Board members, including: name, occupation, role on the Board, a description of the member's primary contribution to the Board, length of service to the Board, date the term of service expires, home address, phone number, and email address.

2. Answer all questions. If not applicable to your program, please mark N.A.
3. Submit **ONE** application and supporting information.
4. The application must be signed by the authorized signatory. (Mayor, Director, etc.)
5. THDA will evaluate each application to determine if the proposal meets threshold criteria. Threshold criteria includes: submission of a complete application; applicant eligibility; evidence of programmatic experience; existing policies and procedures for rental or emergency financial assistance programming; and compliance with THDA-funded program requirements.
6. Applications will be accepted beginning August 5, 2024 at 9am (CST).
7. Applications must be submitted through THDA's Electronic Document Transfer ("EDT") portal. Applications and supporting documents must be placed in the ERA-EPP Folder. Mailed or emailed applications will not be accepted. **Email [ERA-EPP@thda.org](mailto:ERA-EPP@thda.org) to access the EDT Portal.**
8. Complete applications must be received by THDA on or before 4pm (CST) on August 23, 2024 for priority consideration. Applications will be considered on a rolling basis, until December 1, 2024, while funds are still available.
9. THDA anticipates notifying successful applicants by August 30, 2024.
10. THDA will host an Application Overview and Q&A opportunity on August 13, 2024.

**TENNESSEE HOUSING DEVELOPMENT AGENCY  
EMERGENCY RENTAL ASSISTANCE-EVICTION PREVENTION PROGRAM  
COMPETITIVE ROUND APPLICATION**

**PART I: GENERAL APPLICANT INFORMATION**

<b>1.</b>	<b>APPLICANT INFORMATION</b>		
	Organization Legal Name:		
	Mailing Address:		
	City:	Zip:	
	County:		
	Organization's Website:	Phone:	
<b>2.</b>	<b>APPLICANT SIGNATORY</b>		
	Name and Title:		
	UEI#:		
	Mailing Address:		
	City:	State:	Zip:
	Email Address:	Phone:	
<b>3.</b>	<b>CONTACT PERSON FOR THE APPLICATION</b>		
	Name:		
	Title:		
	Phone:		
	Email:		
<b>4.</b>	<b>TARGET GROUP (Check all that apply)</b>		
	<input type="checkbox"/> Tenants	<input type="checkbox"/> Individuals with Disabilities	
	<input type="checkbox"/> Low income households	<input type="checkbox"/> Elderly (62+)	
	<input type="checkbox"/> Very low income <50% AMI	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Single Partners with children	<input type="checkbox"/> Other:	
<b>5.</b>	<b>COUNTY OR COUNTIES TO BE SERVED:</b>		
<b>6.</b>	<b>DO YOU HAVE AN ACTIVE RENTAL ASSISTANCE / HOUSING STABILITY PROGRAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If yes, please provide the following information:</b>		
	Program Name:		
	Program Start Date:		(MM/DD/YYYY)
	Average Amount Funded		Per Year
	Number of Households Served		Per Year
<b>7.</b>	<b>WILL YOUR AGENCY REQUEST ADVANCED FUNDING FOR ERA-EPP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

	IF YES, COMPLETE ATTACHMENT "A"
<b>8.</b>	<p data-bbox="207 153 516 184"><b>ALL APPLICANTS MUST:</b></p> <p data-bbox="280 195 1471 310"><input type="checkbox"/> Have among its purposes, the provision of serving low or very low-income persons, as evidenced in its charter, articles of incorporation, resolutions or by-laws, and/or experience in the provision of housing stability programming for low-income households.</p> <p data-bbox="280 352 1455 468"><input type="checkbox"/> Show evidence of currently administering a housing stability program (or similar program) and can demonstrate a minimum of three (3) years of experience administrating the program(s) for low-income or very low-income households in the state of Tennessee.</p> <p data-bbox="280 527 1068 558"><input type="checkbox"/> Include all items required in Part V – Non-profit Checklist.</p>



4. Describe the applicant's three (3) years of experience in administering programs that help prevent evictions and/or prevent homelessness. List the program names and the number of years administrating them.

5. Describe the applicant's experience of collecting information, completing reports, and tracking outcomes for individuals or households served.

6. Describe how the applicant's program design reduces barriers to service.



3. Describe your budget needs within the following boundaries, including the number of families you anticipate serving:
  - Financial Assistance (arrears and prospective (up to 3 months) rent
  - Housing Stability (case management, counseling, eviction prevention services, relocation assistance, etc) (not to exceed 10% of total budget)
  - Legal / Court Fees paid on behalf of a household
  - Administrative Allowance (not to exceed 11% of total budget)

4. Describe how the applicant's audit and/or financial records support the applicant's ability to or administer a reimbursement based program or facilitate the advanced funding option available, if eligible

#### **PART IV: COORDINATION FOR HOUSING STABILITY**

1. Describe if the applicant administers a Housing Stability Program that coordinates services to strengthen housing stability outcomes. Services can include, but are not limited to, counseling, case management, coaching, budgeting, etc.

**8. CERTIFICATION BY SIGNATORY:**

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on this application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

By signing this application for funds, I am also certifying that all documents required to be electronically uploaded to the THDA Participant Management Information System (PIMS) have been uploaded and that those documents reflect the most recent and complete documents available. All applications will be evaluated based on the supporting documents in the PIMS document repository as of the application deadline.

Executive Director or Board Chairman:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_