DETERMINATION OF ELIGIBILITY FOR ERA-EPP

PART I: PRIMARY HOUSEHOLD MEMBER CONTACT INFORMATION – (This person must be on the lease)

_____ _____

First Name Last Name

_____ _____

Street Address City State Zip Code Apt/Unit #

_____ _____

Email Phone Number

PART II: BASIC ELIGIBILITY DETERMINATION QUESTIONS

The following questions will help determine whether your household meets basic eligibility for Financial Assistance under the ERA-EPP Program.

A.1. Are you seeking Financial Assistance for rent or utilities associated with a unit located in Tennessee?

☐ Yes ☐ No

A.2. Are/Were you obligated to pay rent under a lease for that unit?

☐ Yes ☐ No

A.3. Is your household income at or below the 80% area median income level for your county?

☐ Yes ☐ No

A.4. Do you hereby certify that someone in your household qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due, directly or indirectly, to the coronavirus pandemic and such financial hardship occurred after March 13, 2020?

☐ Yes ☐ No

Describe your household's financial hardship:

_____

_____

_____

A.5. Do you hereby certify that someone in your household can demonstrate a risk of homelessness or housing instability (this can be due to past due utility or rent notices, notices to vacate, eviction notices, or the household being cost-burden (where at least 30% of your household income is spent on rent, etc.)?

☐ Yes ☐ No

Describe your household's risk of homelessness or instability:

_____

_____

_____

IF YOU ANSWERED "NO" TO ANY OF THE QUESTIONS A.1 - A.5, YOU ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT CAN STILL RECEIVE HOUSING STABILITY SERVICES. PLEASE COMPLETE PARTS III, IV, IX, & X.

IF YOU ANSWERED "YES" TO ALL OF THESE QUESTIONS, YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. PLEASE COMPLETE ALL REMAINING SECTIONS.

PART III: HOUSING UNIT INFORMATION

Is the housing unit you are seeking financial assistance or housing stability for the same as the address you provided in Part I?

☐ Yes ☐ No If yes, please write same as above. If no, please provide the address.

_____ _____

Street Address City State Zip Code Apt/Unit #

_____

Name of Apartment Complex Property Manager Telephone Email Address

_____ Have you received a late rent notice or detainer warrant? ☐ Yes ☐ No

Lease Start Date Rent Per Month Has the landlord received a judgment for eviction? ☐ Yes ☐ No

If you answered yes to either question, please provide the document.

Do you give permission for your information to be provided to a non-profit legal aid society? ☐ Yes ☐ No

_____

Date Rent Became Delinquent Total Amount of Rent Owed Court Date/Date You Must Vacate By

PART IV: HOUSEHOLD MEMBER INFORMATION

List all household members, starting with the Head of Household.

1) NUMBER OF PEOPLE WITHIN YOUR HOUSEHOLD: _____

2) NAME OF HEAD OF HOUSEHOLD:

_____ _____ _____

First Name Middle Name Last Name

Birthdate: _____ ☐ Check here if no income

Head of Household's Income: $_____ per month/year (circle one)

Source of Income: ☐ Wages ☐ Self-Employment ☐ Social Security ☐ Child Support

☐ Alimony ☐ Unemployment ☐ Pension/Retirement

Race:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Multi-Racial ☐ Elects Not to Share

Ethnicity:

☐ Hispanic ☐ Non-Hispanic or Latino ☐ Elects Not to Share

Gender:

☐ Male ☐ Female ☐ Elects Not to Share

3) NAME OF OTHER HOUSEHOLD MEMBER:

_____ _____ _____

First Name Middle Name Last Name

Birthdate: _____ ☐ Check here if no income

Other Household Member's Income: $_____ per month/year (circle one)

Source of Income: ☐ Wages ☐ Self-Employment ☐ Social Security ☐ Child Support

☐ Alimony ☐ Unemployment ☐ Pension/Retirement

Race:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Multi-Racial ☐ Elects Not to Share

Ethnicity:

☐ Hispanic ☐ Non-Hispanic or Latino ☐ Elects Not to Share

Gender:

☐ Male ☐ Female ☐ Elects Not to Share

4) ATTACH A SEPARATE SHEET OF PAPER FOR EACH ADDITIONAL HOUSEHOLD MEMBER.

PART V: TOTAL HOUSEHOLD INCOME CERTIFICATION – choose one

☐ I hereby self-certify that my total annual household income is as listed and that I have attached documentation proving such. **Enter Annual Household Income: $_____**

☐ I hereby self-certify that my total annual household income is as listed, but I am currently unable to provide such documentation. **Enter Annual Household Income: $_____**

PART VI: UTILITY INFORMATION

_____

Utility Provider Telephone Current Amount Owed

_____

Utility Provider Telephone Current Amount Owed

PART VII: REQUIRED DOCUMENTS

The following document must be verified:

☐ Valid government-issued identification for the Head of Household *Required

PART VIII: OTHER ASSISTANCE

My household has received all of the following types of state or federal housing, rent, or utility assistance between 2020 and now:

☐ Public Housing ☐ Housing/Rent Voucher ☐ Rental Assistance ☐ Utility

To the best of my knowledge I ☐ have ☐ have not received assistance under an ERA 1 or ERA 2 program.

Please list the name of the entity that provided the assistance, how much assistance you received, and what is was for:

_____

PART IX: CERTIFICATION

By submitting this Determination of Eligibility, I hereby certify that:

☐ **All information I provided is true, accurate, and complete, and if requested, I shall provide further documentation or self-attestations to support any representations.**

☐ **I acknowledge that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I understand that I am particularly put on notice that Title 18, Section 1001 of the United StatesCode states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statement to any U.S. Department or Agency. Further, Title 13, Chapter 23, Section 133 of the Tennessee Code Annotated states that it is unlawful for any person to knowingly make, utter, or publish a false statement of substance for the purpose of influencing the agent to allow participation in any of its programs and such violation is a Class E felony.**

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD **DATE**

PART X: AUTHORIZATION FOR RELEASE OF INFORMATION

Authority & Purpose: The rules that govern the ERA-EPP Program require the Tennessee Housing Development Agency ("THDA") and/or its grantees to determine eligibility under the program for financial assistance. This release allows THDA and/or its grantee to obtain certain information to assist in the determination of the amount of assistance a household is eligible for.

By signing this consent form, you are authorizing THDA and its grantee to request information from the sources listed on this form in order for the THDA and/or its grantee to make determinations regarding aspects of your eligibility for the ERA-EPP Program.

Use of the Income Information to be Obtained: THDA and its grantees are required to protect the information obtained in accordance with the Privacy Act of 1974, U.S.C. 552a. THDA and its grantees are required to protect the information under any State privacy laws. THDA, its grantees, and their employees may be subject to penalties for unauthorized disclosures or improper use of certain information that is obtained based on this consent form.

Sources of Information to be Obtained: Leases, Rent Rolls/Ledgers, Rent Amounts, Rent Arrearages, Detainer Warrants, Eviction Notices, Lease Terminations and other Landlord Notices, Utility Information and Arrearages.

Individuals or organizations that may release information: Landlords, Management Companies, Utility Providers.

Consent: I consent to allow THDA and its grantee to request and obtain information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under the ERA-EPP Program.

This consent form expires 6 months after being signed.

_____

THDA Grantee Name ("Grantee")

_____ _____

SIGNATURE OF HEAD OF HOUSEHOLD **DATE**

PART XI: DETERMINATION OF ELIGIBILITY (to be completed by THDA's Grantee)

Household is: ☐ **Eligible for Financial Assistance**

☐ **Not eligible for Financial Assistance** **Reason:**_____

_____

NAME OF GRANTEE: _____

_____ _____

SIGNATURE OF EMPLOYEE OF GRANTEE **DATE**