Treasury Rent Assistance Program (T-RAP)

Household Information & Eligibility Form Version 2

**Instructions: Use this form to screen and document household eligibility.**

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| 1. **Household Information** | | | | | | | | | | | | | | |
| **Household ID:**  (cannot include personal identifying information such as initials or birth date in ID) | | | | | | | | | | **Date:** | | | | |
| **Name:** | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | | **Email:** | | | | | | |
| **Head of Households Age:**  \_\_\_\_\_ | | | | | | **Number of Household Members:**  \_\_\_\_\_  **Number of Household Members Under 18:** \_\_\_\_\_\_\_ | | | | | | | | |
| **One or more household members are unemployed and have been unemployed for 90 days before application date.** (prioritization requirement, not eligibility) | | | | | | | | | | | | | | |
| WA State is collecting demographic data on head of households assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional. | | | | | | | | | | | | | | |
| ***Gender:*** | Female | Male | | Trans Male (FTM) | | | | | Trans Female (MTF) | Gender non-conforming | | | | Refused / Don’t Know |
| ***Race:*** | American Indian or Alaska Native | Asian | Black or African American | | | | Native Hawaiian or Other Pacific Islander | | | Multi- Racial | | White | Refused / Don’t Know | |
| ***Ethnicity:*** | Non-Hispanic/Non-Latinx | | | | Hispanic/Latinx | | | | | | Refused / Don’t Know | | | |

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| 1. **Income Calculation** | | | | | |
| Current income must be at or below 50% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking assistance together. Provider must calculate the household’s total gross income for calendar year 2020 **or** the household’s current monthly income at the time of application.  If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.  If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method: $(60 days of total income)/2 = Average income X 12 months=Annual income | | | | | |
| **Household name/ household members** | **Source of Income** *(see income types below)* | **Gross Income in a pay period** | | **Calculation method** | **Annual Income** |
| *Example:*  *Joey Fatone* | *wages* | *$1,000* | | *12* | *$12,000* |
|  |  |  | |  | $ |
|  |  |  | |  |  |
|  |  |  | |  | $ |
| **Household Annual Income:** | | | | | **$** |
| **50% AMI for household size in county:** | | | | | **$** |
| **Income at or below 50% of** [**Area Median Income**](https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn) **(AMI)** | | | | | |
| **Household AMI Tier**  **Income below 30% AMI  Income between 30%-50% AMI  Income between 50%-80% AMI** | | | **Household Monthly Income (Annual Income/12):**  **$** | | |

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| 1. **Income Type & Documentation** | | |
| **Type of income:** | **Check the box for income type:** | **How to document:** Grantees should request source documentation to document income. If it cannot be obtained, grantees can use a written self-declaration by the household. Self-declarations should be used under limited circumstances. Please use T-RAP Self-Declaration Form. |
| No Income |  | Self-declaration by household. |
| Wages and Income (*including Self Employment, Business Income,*  *Armed Forces Income*) |  | Copy of most recent pay stub(s), W-2 or other payment statement, tax filings, profit and loss report from applicant’s accounting system, or bank statements demonstrating regular income.  **OR**  Attestation from employer: Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation.  **OR**  Self-declaration by household. |
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| Public Assistance (including but not limited to: *TANF, Housing Choice Voucher, Public Housing*) |  | Determination letter/statement from another local, state, or federal government assistance program that verified the household income on or after January 1, 2020. **OR**  Self-declaration by household. |
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| Pension/  Retirement Income |  | Copy of most recent statement, benefit notice from Social Security, pension provider or other.  **OR**  Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount.  **OR**  Self-declaration by household. |
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| Unemployment and Disability Income |  | Copy of most recent payment statement or benefit notice.  **OR**  Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount.  **OR**  Self-declaration by household. |
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| Alimony, Child Support, Foster Care Payments |  | Copy of most recent payment statement, notices, or orders.  **OR**  Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.  **OR**  Self-declaration by household. |
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| 1. **Housing Status** |
| **How to document:** Check the box for documentation type. |
| A past due utility notice or eviction notice ***OR*** |
| Statement from the landlord that verifies the applicant’s housing instability (eg: currently late on rent, has rental arrears). Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord. Completion if the Rent Payment Agreement Form with a landlord signature can count for this. ***OR*** |
| Self-Declaration Form. |
| 1. **Financial Hardship** |
| **How to document:** Check the box for documentation type. |
| Source documentation of unemployment benefit (most recent payment statement or benefit notice, documentation of unemployment collected for income verification is sufficient.) ***OR*** |
| Dated mail, fax, email verification or verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification of unemployment that includes unemployment amount ***OR*** |
| Self-Declaration Form. |
| 1. **Lease – Rental Payment Amount & Location** |
| **How to document:** Providers must collect, if available, a current lease. Obtaining a lease is not required to determine eligibility, but is an allowable way to document both the rental payment amount and the rental location. *Without a lease, rental payment amount and rental location must be documented separately.* Check the box for documentation type(s). |
| A current lease signed by the applicant and the landlord or sublessor that identifies the unit **where the applicant resides** and establishes the **rental payment amount** and **tenant and landlord signature**. *See Section 3.4.2 in T-RAP Guidelines for required lease components* ***OR*** |
| |  |  | | --- | --- | | **Rental Payment Amount** | **Rental Address** | | An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount. | An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount. | | Bank statements, check stubs, or other documentation which establishes a pattern of paying rent at residence. | Evidence of paying utilities for the residential unit or other documentation which establishes a pattern of paying utilities at residence. | | Self-Declaration Form.**\*** | Rental Address is listed on the Rent Payment Agreement Form. | |
| ***\*****In cases where the household does not have source documentation of the rental payment amount and relies on a written self-declaration from the household, the monthly maximum amount of assistance must be 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides. See Self-Declaration Form for further guidance when using for Rental Payment Amount.* |

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| 1. **Utilities** |
| **How to document:**  All payments for utilities and home energy costs shouldbe supported by documentary evidence. Check the box for utility arrears documentation type. |
| Bill, invoice or other evidence of payment  ***OR***  Self-Declaration form. |
| 1. **Other Housing Costs** |
| **How to document:**  All payments for housing-related expenses must be supported by documentary evidence. Check the box for other housing costs documentation type. |
| Bill, invoice or evidence of payment ***OR*** |
| Self-Declaration form. |
| 1. **Household Attestation** |
| **How to document:** Grantees must require all applications for assistance to include an attestation from the applicant that all information included is correct and complete. Check the box for attestation type. |
| Text, email, or other written attestation from household ***OR*** |
| Verbal verification. By checking this box, provider is verifying they have received the verbal attestation from household  ***OR*** |
| Household signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |