Treasury Rent Assistance Program (T-RAP)

Household Information & Eligibility Form Version 3

**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:** | | | | | | | **Zip Code** *(use for fact-specific proxy):* | | | | | | |
| **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 80% 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:** | | | | **$** |
| **80% AMI for household size in county:** | | | | **$** |
| **Income at or below 80% of** [**Area Median Income**](https://www.huduser.gov/portal/datasets/il/il2020/select_Geography.odn) **(AMI) OR is a low-income family using the** [**Median Family Income Documentation System**](https://www.huduser.gov/portal/datasets/il/il2021/select_Geography.odn)**.** | | | [**Fact-specific proxy checked**](https://deptofcommerce.app.box.com/s/xxgujafuzvd176qltq84s8nsllitlep0/file/872737854691)  *(if using a self-dec for income documentation)* | |
| **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:**  No additional documentation is needed for household’s self-certifying income in combination with a fact-specific proxy. If there are barriers or time constraints associated with collecting source documentation to substantiate a household’s income, grantees must utilize the flexibility of self-declarations in combination with a fact-specific proxy.  *Please note: the use of a fact-specific proxy or categorical eligibility must be tracked on Report Form.* |
| No Income |  | Self-certified/stated by the household. Fact-specific proxy used. |
| 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-certified/stated by the household. Fact-specific proxy used. |
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| Public Assistance (including but not limited to: *TANF, SSI*) |  | Categorical eligibility used: *determination letter/statement from another local, state, or federal government assistance program or copy of most recent benefit statement collected.*  **OR** Self-certified/stated by the household. Fact-specific proxy used. |
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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-certified/stated by the household. Fact-specific proxy used. |
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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-certified/stated by the household. Fact-specific proxy used. |
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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-certified/stated by the household. Fact-specific proxy used. |
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| 1. **Housing Status** |
| **How to document:** Check the box for documentation type. |
| Self-certified/stated by the household, describe situation: |
| 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*** |
| 1. **Financial Hardship -** *If financial hardship is* ***due*** *to COVID-19, consider T-RAP 1.0. If financial hardship is* ***during*** *COVID-19, consider T-RAP 2.0* |
| **How to document:** Check the box for documentation type. |
| Self-certified/stated by the household, describe situation: |
| 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*** |
| 1. **Rental Payment Amount & Location** |
| **How to document:** If collecting leases is administratively burdensome and slows down the application processing time, grantees must require the landlord to make the lease available only upon request, and utilize another documentation method for verifying rental payment amount and rental location. 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**. *If the lease is not available and/or presents an administrative burden to collect, use another method below.* |
| |  |  | | --- | --- | | **Rental Payment Amount** | **Rental Address** | | Rent Payment Agreement Form signed by landlord. | | | 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-certified/stated by the household.\* Rental payment amount and rental address: | | |
| ***\*****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 documented evidence of payment  ***OR*** |
| ☐ Self-certified/stated by the household. Describe utility type, payment amount, and time period bill covers: |
| 1. **Other Housing Costs (OHC)** **–** *If OHC needs are* ***due to*** *COVID-19* ***and*** *related to housing, consider T-RAP 1.0. If OHC needs are* ***just*** *related to housing , consider T-RAP 2.0* |
| **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 other documented evidence of payment. |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |