

EMERGENCY RENTAL ASSISTANCE

1. In order to qualify for the ERA Program, you must be able to answer "Yes" to one of the following questions:

a. Have you or someone in the household qualified for unemployment benefits due to the COVID-19 pandemic?

☐ Yes
☐ No

b. Have you or someone in the household experienced a reduction in household income?

☐ Yes
☐ No

c. Have you incurred significant costs or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic?

☐ Yes
☐ No

2. Please demonstrate, through documentation, that you are at risk of experiencing homelessness or housing instability (e.g. past due utility bill or rent notice or eviction notice; unsafe or unhealthy living conditions; or any other evidence of such risk).

You must submit at least one of the following documents:

- Most recent Form 1040
- Most recent W-2
- Unemployment compensation statement
- Pay stubs (for the last two months)
- Another form of annual or monthly income verification (if monthly, for the last two months)

3. Are you or anyone else in your household currently receiving any other federally funded rental assistance? (For example: Section 8 Voucher, ARFresh Start Funding, or any other recent COVID-19 related funding)

☐ Yes
☐ No



SPRINGDALE HOUSING AUTHORITY

EMERGENCY RENTAL ASSISTANCE

PREFERENCE TO THOSE BELOW 50% NATIONAL MEDIAN INCOME
SEE ATTACHED INCOME LIMIT

Name _____ Date _____

☐

RENT

☐

UTILITIES

Po Box 2085, Springdale, AR 72765-2085

Phone (479)751-0560 Fax: (479)756-8059

TTY/TDD 800-285-1131 o 711

Office Hours: Monday Through Friday 7:30 AM- 4:30 PM.

Closed from 12:00-1:00pm for lunch

(For a waiver to this policy please call 479-751-0560 xt 200)

Please provide all documents listed below that apply to your family. The documents may be copied in our office at no charge to you.

All members in the family must have (if applicable):

Social Security Card		LANDLORD INFORMATION REQUIRED:
Picture ID		Landlord
Income Information		W-9 OR Social Security Number - landlord
Income		Statement from Landlord of Amount Due
Adult Family Members (over 18 yrs)		
Employment		UTILITY COMPANY:
Check Stubs		Cut off notice or amount due for each utility company
Employer Statement (s)		
Most recent tax return		
Benefit Income		
Unemployment		
Social Security		
SSI/ Other Disability Income		
Pensions/Retirement		
Child Support		
Alimony		
Public Assistance		
Other Income		
Monetary support from family		
Self-Employment		

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority. Si necesita ayuda para entender este documento, puede venir o llamar a la oficina para la asistencia. (479)751-0560 . If you need help understanding this document you can come to the office or call for assistance at (479) 751-0560 Elañe kwe ak ro uaan bamle eo elõñ disabilities iben im kwoj aikuij talepen jiban ko iloan programs im service eo, jouj im kebaak office eo ak call e 479-751-0560



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How do we contact you?

Please Print:

Name: _____

Current physical address: _____

City/State/Zip Code: _____

Telephone number: _____

Alternate Message Phone

Number: _____

Current Mailing address: _____

Email address: _____

Income Limits

PERSONS IN FAMILY	30% AMI	50% AMI	80% AMI
1	\$15,500	\$25,800	\$41,250
2	\$17,700	\$29,450	\$47,150
3	\$21,720	\$33,150	\$53,050
4	\$26,200	\$36,800	\$58,900
5	\$30,680	\$39,750	\$63,650
6	\$35,160	\$42,700	\$68,350
7	\$39,640	\$45,650	\$73,050
8	\$44,120	\$48,600	\$77,750

Springdale Housing Authority Application for Admission

Part A: Information about Members of the Household

List all persons age 18 or older (Head/ Spouse/ Cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed in this form may live in the unit.

Name	Relation to head		Gender		Date of Birth	Soc. Security # HEAD ONLY

Springdale Housing Authority

Race and ethnicity of head of household

Race: Check the appropriate race. (More than one category can be entered if applicable)

<input type="checkbox"/> White	<input type="checkbox"/> Black /African American	<input type="checkbox"/> American Indian/ Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	

Ethnicity: Mark applicable ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Springdale Housing Authority Application for Emergency Rental Assistance

Contact Information: List names, addresses, and telephone numbers

Part B: Present Housing Information.

List your current address and landlord information.

1.Current Landlord: _____ Phone: _____

Address: _____

City/State/Zip: _____

Landlord E-mail address: _____

Tenant: _____

Amount of Rent: _____ How Long: _____

Amount of Rent in Arrears: _____ How Many Months: _____

Type/Provider of Utilities – Amount in Arrears:

Gas: _____

Electric: _____

Water: _____ Sewer: _____

Springdale Housing Authority
EMERGENCY RENTAL ASSISTANCE

1. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family member name	Income source	Amount \$	Frequency- (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

Springdale Housing Authority
EMERGENCY RENTAL ASSISTANCE

1. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent	\$		
Electricity	\$		
Gas	\$		
Water	\$		
	\$		
	\$		

Springdale Housing Authority
EMERGENCY RENTAL ASSISTANCE

APPLICANT CERTIFICATION

I hereby certify that all of the information I have provided on this application is true and complete. I also understand that any person who attempts to obtain housing assistance or utility assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under federal and state law. **I give Springdale Housing Authority permission to contact my landlord and my utility companies regarding my accounts to discuss any amounts past due or future amounts due.**

Warning: *Title 18, Section 1001 of the United States Code states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any department or agency Of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years*

 Signature of Head of Household

 Date

 Signature of spouse or co-head

 Date

Certification of PHA representative

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

 Signature of PHA Representative Date

FOR LANDLORD

INFORMATION REQUIRED

- 1. Landlord Name**_____
- 2. Address**_____
- 3. W-9** __Please attach W-9 and return to Housing Authority
- 4. Statement of Client Arrears:**
 - a. Client Name**_____
 - b. Monthly Rent**_____
 - c. Number of Months in Arrears:**_____

Landlord Signature_____

Return to Springdale Housing Authority:

E-mail: reception@springdaleha.org

Fax: 479-756-8059

Mail: P.O. Box 2085 Springdale, AR 72765

In Person: 5 Applegate Drive, Springdale, AR