CHEYENNE RIVER HOUSING AUTHORITY

2021 CARES Emergency Rental Assistance (ERA) Application Recertification
RECERTIFICATION APPLICATION

Applicant Name: _______________________________________

Address: _____________________________________________

I am hereby recertifying my Emergency Rental Assistance Application for an additional three months of assistance.

Effective for the months of ____________________________, ____________________________, and ____________________________, 2021.

I hereby certify the following:

1. Has there been any changes to your household information? _______ No _______ Yes - please explain

2. Has there been any changes to your household income? _______ No _______ Yes - please explain

3. Has there been an increase or decrease in your monthly rent payment? _______ No _______ Yes - please provide updated lease agreement

The application will need to be completely entirely to be complete and the following documentation attached, or the application will not be processed.

☐ Social Security Numbers of All Household Members (if adding new households' members)
☐ Proof of All Income (if income has changed)
☐ Rent/Landlord (if there is a change)
☐ Utilities
**CHEYENNE RIVER HOUSING AUTHORITY**  
**CRHA EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)**

**Date of Application:**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>MI:</th>
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<table>
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<tr>
<th>Date of Birth:</th>
<th>Social Security Number:</th>
<th>Referred By:</th>
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</table>

**Head of Household**

- [ ] Yes  
- [ ] No

**Email Address:**

**Phone Numbers:**  
- Home #:  
- Work #:  
- Cell #:

**Household Information**

- **Household Type (check only one):**
  - [ ] Single Person  
  - [ ] Single Parent/Female  
  - [ ] Single Parent/Male  
  - [ ] 2-Parents with Children  
  - [ ] 2 or more Adults with no Children  
  - [ ] Multi-generational  
  - [ ] Non-Related Adults  
  - [ ] Other: __________________________________________

- **Housing type (check only one):**
  - [ ] Rent  
  - [ ] Other: __________________________________________

- **Non-Cash Benefits (check all that apply):**
  - [ ] SNAP/Food Stamps  
  - [ ] Commodities  
  - [ ] WIC  
  - [ ] LIHEAP  
  - [ ] Public Housing  
  - [ ] Supportive Housing  
  - [ ] HUD-VASH (veterans)  
  - [ ] Other: __________________________________________

**Address**

<table>
<thead>
<tr>
<th>Residential (Where you live)</th>
<th>Mailing</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>Suite/Apartment # (if applicable)</td>
<td>Suite/Apartment # (if applicable)</td>
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<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code</td>
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<td>County</td>
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</table>
## HOUSEHOLD MEMBERS INFORMATION
(Please Print Clearly)

List the adults that are currently living in household (DO NOT include Applicant information from above). Adults are defined as anyone 18 years or older.

Enter codes for the following tables:

- **Relationship to applicant:** Enter S=Spouse P=Partner F=Fulltime Student AS/AD=Adult Son/Daughter O=Other Adult
- **Disability:** Enter Y=Yes or N=No
- **Gender:** Enter M=Male or F=Female
- **Race:** Enter NA=Native American C=Caucasian AN=Alaskan Native AA=African American H=Hispanic AS=Asian

<table>
<thead>
<tr>
<th>Adults Name (First, Middle, Last)</th>
<th>AKA/Maiden Name</th>
<th>Relationship to Applicant</th>
<th>SSN</th>
<th>Disabled (Y/N)</th>
<th>Gender (M/F)</th>
<th>Race</th>
<th>Tribal Affiliation</th>
<th>Enroll#</th>
<th>DOB</th>
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List the dependents that are currently living in household. Dependents are defined as anyone 17 years or younger. Enter codes for the following tables:

- **Relationship to applicant:** Enter S=Son/D=Daughter SC=Stepchild GC=Grand Child FC=Foster Child O=Other Dependent
- **Disability:** Enter Y=Yes or N=No
- **Gender:** Enter M=Male or F=Female
- **Race:** Enter NA=Native American C=Caucasian AN=Alaskan Native AA=African American H=Hispanic AS=Asian

<table>
<thead>
<tr>
<th>Dependents Name (First, Middle, Last)</th>
<th>Relationship to Applicant</th>
<th>SSN</th>
<th>Disabled (Y/N)</th>
<th>Gender (M/F)</th>
<th>Race</th>
<th>Tribal Affiliation</th>
<th>Enroll#</th>
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CRHA Form: ERAP-001
Effective: 26-JAN-2021
CHEYENNE RIVER HOUSING AUTHORITY  
CRHA EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) 

INCOME INFORMATION  
(Please Print Clearly) 

List the expected annual income for the next 12 months. **ALL INCOME WILL BE VERIFIED:**  

How to fill out this form: 
1. List the household member name, starting with the applicant. 
2. Enter the amount of income for the household member under the appropriate income source. 
3. Enter the total amount of income for each household member in the total column. 
4. Repeat steps 1 through 3 for each household member and dependents. 
5. Please provide verification of all household income. Without it, the application will be considered INCOMPLETE. 

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Pension</th>
<th>SSI</th>
<th>TANF/AFDC</th>
<th>GA</th>
<th>Child Support</th>
<th>Tribal</th>
<th>Salary</th>
<th>Self Employed</th>
<th>VA Benefits</th>
<th>Fed. Wages</th>
<th>UI Benefits</th>
<th>Other Wages</th>
<th>Other Income</th>
<th>Total Income</th>
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<td>Applicant</td>
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</table>

**Totals**

EMPLOYMENT INFORMATION  
(Please Print Clearly) 

List household member's last 3 employers. If employed for less than 3 months, list previous employer. Enter codes for the following tables: 
Employment Type: Enter F=Permanent/Full-time  P=Part-Time  T=Temp/Seasonal 

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Employer Information</th>
<th>Occupation/Job Title</th>
<th>Length of Employment</th>
<th>Type of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant</td>
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</table>
Applicant and Landlord Certification

(Only Need to fill out if information changed)

☐ I hereby certify that I participated in completion of the above “Uniform Application for Service”.

☐ I further certify that I have read, or had read to me, the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded.

☐ Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services.

☐ I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.

Applicant’s Signature: ___________________________ Date: __________

Landlord Certification

☐ I hereby certify that I have a legal rental lease with the applicant ____________________________.

☐ I further certify that the address of the rental property is:

__________________________________________

☐ I further certify that the monthly rent amount for this lease is $ ________

☐ I further certify that there is a delinquent rent balance of $ _______ for the months of:

__________________________________________

☐ Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining eligibility for services.

☐ I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.

Landlord Signature: ___________________________ Date: __________

Mailing Address: ___________________________ SSN or DUNS:

__________________________________________

CRHA Form: ERAP-001 ©2021 Cheyenne River Housing Authority
Effective: 26-JAN-2012
FOR CHEYENNE RIVER HOUSING AUTHORITY OFFICE USE ONLY
(Please Print Clearly)

Application Received:
Date: _______________ Time: __:____

By CRHA Staff Member: ____________________________

Household Income Eligibility (attach worksheet)
Current 50% AMI Amount: _______________________

Current 80% AMI Amount: _______________________

Application Status: Effective Date: _______________

☐ Approved Rental Assistance

☐ 2nd Application for additional rental assistance

☐ Incomplete Application Date Application returned: _______________

Denied due to:

☐ Income ineligibility
☐ Other, specify: ____________________________

Notice to applicant on application status:
Date Mailed: _______________ Staff Member: _______________________

Address Change Received from Applicant:
Date Received: _______________ Staff Member: _______________________

New Address: ____________________________

Notes

Add any notes and or comments about this application:

CRHA Form: ERAP-001
Effective: 05-JAN-2021

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