Treasury Emergency Rental Assistance (TERA) Program

The Kenaitze/Salamatof Tribally Designated Housing Entity (TDHE) has a program for qualified Alaska Native and American Indians, who have disproportionately suffered from the impacts of the COVID-19 pandemic, to provide emergency rental assistance for the payment of rent, utilities, and arrcarages.

The maximum request for assistance can be up to 12 months per qualified applicant and is limited to the head of household in the TDHE’s service area. The TDHE’s service area is from Cooper Landing to the north side of the Kasihof River and includes the communities in-between such as Sterling, Soldotna, Kenai, Salamotof, Coho, Nikiski. The program offers: Rental and Utility Payments to qualified applicants.

Eligibility:
1. Qualifies for unemployment or has experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19
2. Demonstrates a risk of experiencing homelessness or housing instability; and
3. Has a household income at or below 80 percent of the area median.

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<th></th>
<th>1</th>
<th>2</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>50,250</td>
<td>57,400</td>
<td>64,600</td>
<td>71,750</td>
<td>77,500</td>
<td>83,250</td>
<td>89,000</td>
<td>94,750</td>
</tr>
</tbody>
</table>

Waiting List Preferences (in order of priority):
1. Kenaitze/Salamatof Elder - Disabled
2. Kenaitze/Salamatof Elder
3. Kenaitze/Salamatof Member - Disabled
4. Kenaitze/Salamatof Member
5. Alaska Native
6. American Indian

Program Requirements:
All required documents must be submitted before eligibility may be determined.
- Application form completely filled out, signed and dated (all adults)
- Certificate of Indian Blood or proof of Tribal Membership
- Copy of Photo I.D.’s (all adults)
- Copy of Social Security Cards (for all occupants 6 years +)
- 2 months of income source documentation AND/OR 2020 Tax Form 1040
- Provide evidence of arrears and/or eviction (IF applicable)
- Statement of how the Covid-19 Pandemic affected you and your family

For Rental Assistance:
- Lease Agreement
- W-9 tax form from Landlord

For Utility Assistance
- Current Utility Statement(s) (may include: HEA, Enstar, City of Kenai, City of Soldotna, Doyles Fuel, Alaska Oil Sales, etc.)

Completed applications and ALL required documentation must be received by the Housing Department to determine eligibility.
General Information - the beneficiary is considered “Head of Household.”

**General Information**

<table>
<thead>
<tr>
<th>Head of Household First name</th>
<th>Last</th>
<th>Primary Phone:</th>
<th>Secondary Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Head of Household First name</td>
<td>Last</td>
<td>Primary Phone:</td>
<td>Secondary Phone:</td>
</tr>
<tr>
<td>Current Physical Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

| Tribe: | Native Corporation: |

Please check all that apply:
- Are you or any member of the family over the age of 55?  Yes  No
- Are you or any member of the family suffering from a disability?  Yes  No
- What is your current housing situation?  Own  Rent  Homeless  Other

Please list all persons who will be living in your home:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Marital Status</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Household</td>
<td></td>
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<td></td>
<td>Self</td>
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</table>

**Employment**

<table>
<thead>
<tr>
<th>Primary Applicant’s Current Employer</th>
<th>Date of Hire</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Employer’s Address</td>
<td>City</td>
<td>State</td>
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<tr>
<td>Co-Applicant’s Current Employer</td>
<td>Date of Hire</td>
<td>Phone</td>
</tr>
<tr>
<td>Employer’s Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>
## Income Types and Information

**INCOME **

**ALL INCOME (ANY AMOUNTS MONETARY OR NOT) MUST BE REPORTED**

<table>
<thead>
<tr>
<th>Income Type</th>
<th>Yes</th>
<th>No</th>
<th>Who Receives It?</th>
<th>Gross Monthly Amount</th>
<th>Institution Name (source of income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Earnings</td>
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<tr>
<td>Unemployment Benefits</td>
<td></td>
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<td></td>
<td>Department of Labor</td>
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<tr>
<td>Self-Employment Income</td>
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<tr>
<td>Military Pay</td>
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<td>Workman's Compensation</td>
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<td>Severance Pay</td>
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<tr>
<td>Retirement Income</td>
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<tr>
<td>Pension Income</td>
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<tr>
<td>Social Security</td>
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<td>Social Security Administration</td>
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<td>Supplemental Security Income (SSI)</td>
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<td>Social Security Administration</td>
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<tr>
<td>Veteran Affairs Benefits (VA)</td>
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<td>Veterans Affairs</td>
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<td>Adult Public Assistance - APA</td>
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<td>State of AK Public Assistance</td>
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<tr>
<td>Alaska Temporary Assistance Program – ATAP</td>
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<td>State of AK Public Assistance</td>
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<td>Senior Benefits – Public Assistance</td>
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<td>State of AK Public Assistance</td>
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<tr>
<td>Temporary Asst. for needy Families – TANF</td>
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<td>State of AK Public Assistance</td>
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<td>General Assistance - GA</td>
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<td>Child Support</td>
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<td>Alimony</td>
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<tr>
<td>Annuities</td>
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<td>Ongoing Support/Recurring Gift</td>
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<tr>
<td>Insurance Policy Income</td>
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<td>Disability or Death Benefits (other than SSI)</td>
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<tr>
<td>Native Stocks, Dividends, or Per Capita</td>
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<tr>
<td>Other Native Stocks, Dividends, or Per Capita</td>
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<tr>
<td>Permanent Fund Dividend (PFD)</td>
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<td>#_____ Family members</td>
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<td>Alaska Permanent Fund</td>
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<tr>
<td>Income from Rental Property</td>
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<tr>
<td>Student Loans / Grants / Scholarships</td>
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<td>Other Sources of Income</td>
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<td>Other Sources of Income</td>
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</table>
Financial hardship

1. Do you or any individual in your household qualify for unemployment benefits? □ Yes □ No
   a. If yes, attached supporting documentation demonstrating each individual’s qualification for unemployment benefits.

2. Have one or more individuals in your household experienced any of the following financial hardship due, directly or indirectly, to the COVID-19 pandemic? (check all that apply)
   □ A reduction in household Income
   □ Loss of Employment/Temporary Layoff/or Furlough
   □ Reduction in hours/pay.
   □ Unable to work or experiencing financial hardship due to no child care/school.
   □ Underlying medical condition requiring staying home to prevent exposure.
   □ Loss of self-employment/business income
   □ Over the age of 50 and enduring increased costs because of the COVID-19 pandemic.
   □ Disabled and enduring increased costs because of the COVID-19 pandemic
   □ Incurred significant costs (hospital bills, medication costs, etc)
   □ Other financial hardship; list:
      a. If you checked any of the boxes above, attach supporting documentation for each hardship. (e.g. copies of most recent paycheck stubs or other sources of income showing decrease in income; email/text/letter showing notification of unemployment/reduction in hours, bills showing significant costs incurred, etc.)

Housing Instability

1. Does one or more individuals in your household face a risk of experiencing homelessness or housing instability, which may include (check all that apply):
   □ A past due utility or rent notice or eviction notice
   □ Unsafe or unhealthy living conditions
   □ Any other evidence of such risk
   a. If you checked any of the boxes above, attached supporting documentation demonstrating each type of housing instability (e.g. past due utility or rent notice or eviction notice, or documentation of any other evidence of risk.)
   b. If you checked any of the boxes above, please describe the details of your housing instability:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

   c. Have you received assistance for rent and/or utilities from any other source?

__________________________________________________________________________
__________________________________________________________________________
PAYMENT ASSISTANCE REQUESTED

YEAR 2020

<table>
<thead>
<tr>
<th></th>
<th>Rent</th>
<th>Utilities</th>
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<tbody>
<tr>
<td></td>
<td>May $</td>
<td>May $</td>
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<tr>
<td></td>
<td>Sept. $</td>
<td>Sept. $</td>
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<td>June $</td>
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<td>Nov. $</td>
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<td>July $</td>
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<tr>
<td>Dec. $</td>
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<td>Nov. $</td>
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</table>

YEAR 2021

<table>
<thead>
<tr>
<th></th>
<th>Rent</th>
<th>Utilities</th>
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<tbody>
<tr>
<td></td>
<td>May $</td>
<td>May $</td>
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<tr>
<td></td>
<td>Sept. $</td>
<td>Sept. $</td>
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<tr>
<td>Oct. $</td>
<td></td>
<td>June $</td>
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<tr>
<td>Nov. $</td>
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<td>July $</td>
</tr>
</tbody>
</table>

Please list the day of the month when Tenant’s rent is due: _______________________

Please list the day of the month when Tenant’s utility payments are due: ____________
Consent for Release of Confidential Information

**Required for all household members 18 and older**

I, ______________________________, authorize the mutual exchange of information and communication for

- ☐ Myself
- ☐ My Child: ______________________________ (Child Legal Name)
- ☐ As Legal Guardian/Power of Attorney on Behalf of: ______________________________

between Kenaitze/Salamatof TDHE

AND: ______________________________

Name (if applicable) and Agency

I authorize the communication to be exchanged in writing, verbally, electronically. **Mark** each type of information you would like to be shared.

- ☐ History
- ☐ Income statements
- ☐ Financial statements
- ☐ School records/performance
- ☐ Verification of Indian Ancestry (CIB or Tribal Card)
- ☐ Other

(Specify): ______________________________

The above information is to be exchanged for the purpose of: Housing Services

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

I understand that some of my records are protected under the federal regulations governing Confidentiality of Protected Health Information (HIPAA and 42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires **one** year from date signed unless otherwise stated as follows: ______________________________.

SSN: ______________________________ Date of Birth: ______________________________

Signature of Applicant: ______________________________ Date: ______________________________
Consent for Release of Confidential Information

Required for all household members 18 and older

I, ______________________, authorize the mutual exchange of information and communication for

☐ Myself
☐ My Child: _____________________________ (Child Legal Name)
☐ As Legal Guardian/Power of Attorney on Behalf of: _____________________________

between Kenaitze/Salamatof TDHE

AND:

________________________________________

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I authorize the communication to be exchanged in writing, verbally, electronically. Mark each type of information you would like to be shared.

_____ History
_____ Income statements
_____ Financial statements
_____ School records/performance
_____ Verification of Indian Ancestry (CIB or Tribal Card)
_____ Other

(Specify): _____________________________

The above information is to be exchanged for the purpose of: Housing Services _____________________________

________________________________________

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

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SSN: _____________________________ Date of Birth _____________________________

Signature of Applicant: _____________________________ Date: _____________________________
Things you should know

Purpose: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for committing fraud: The United States Department of Housing and Urban Development places high priority on preventing fraud. If your application forms contain false or incomplete information, you may be:

1. Evicted from your house
2. Required to repay all overpaid housing assistance you received.
3. Fined up to $10,000.00
4. Imprisoned for up to five years
5. Prohibited from receiving future assistance

Your state and local government may have other laws as well.

Completing the application: When you give your answers to application questions, you must indicate the following information:

1. The names of all people who will actually be living with you, whether or not they are related to you.

Signing the application: Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. When you sign these application forms, you are attesting that they are complete and to the best of your knowledge does not contain misleading information. Information you give on your application will be verified by your Mortgage Company or Property management or Utility Company.

Beware of fraud: You should be aware of the following schemes:

1. Do not pay any money to file application
2. Do not pay any money to move up on the application list
3. Do not pay anything not covered by your lease
4. Get a receipt for any money you pay
5. Get a written explanation if you are required to pay any money other than what your contract covers

I have read and understand this bulletin:

I certify I am NOT receiving any other federally funded rental assistance provided to such household, initial _______.

Signature of Applicant: ___________________________ Date: ___________________________

Signature of Applicant: ___________________________ Date: ___________________________
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership).

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I
Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II
Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1088 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)