



Mailing: P.O. Box 988, Kenai, AK 99611
 Physical: 1001 Mission Ave., Suite A, Kenai, AK 99611
 Phone 907-335-7231 * Fax 1-855-335-8865
 Email: housing@kenaitze.org

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 arrearages.

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 Kasilof River and includes the communities in-between such as Sterling, Soldotna, Kenai, Salamatof, 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.

1	2	3	4	5	6	7	8
50,250	57,400	64,600	71,750	77,500	83,250	89,000	94,750

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

Head of Household First name	Last	Primary Phone:			
		Secondary Phone:			
Co-Head of Household First name	Last	Primary Phone:			
		Secondary Phone:			
Current Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Tribe:		Native Corporation:			
Please check all that apply:					
Are you or any member of the family over the age of 55? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you or any member of the family suffering from a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
Please list all persons who will be living in your home:					
Name	SSN	Marital Status	Gender	Date of Birth	Relationship
Head of Household					Self

Employment

Primary Applicant's Current Employer	Date of Hire	Phone
Employer's Address	City	State
	Zip	<input type="checkbox"/> Check here if unemployed
Co-Applicant's Current Employer	Date of Hire	Phone
Employer's Address	City	State
	Zip	<input type="checkbox"/> Check here if unemployed

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

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

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?



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PAYMENT ASSISTANCE REQUESTED

YEAR 2020

-RENT-

May \$ _____ Sept. \$ _____
June \$ _____ Oct. \$ _____
Mar. \$ _____ July \$ _____ Nov. \$ _____
April \$ _____ Aug. \$ _____ Dec. \$ _____

-UTILITIES-

May \$ _____ Sept. \$ _____
June \$ _____ Oct. \$ _____
Mar. \$ _____ July \$ _____ Nov. \$ _____
April \$ _____ Aug. \$ _____ Dec. \$ _____

YEAR 2021

-RENT-

Jan. \$ _____ May \$ _____ Sept. \$ _____
Feb. \$ _____ June \$ _____ Oct. \$ _____
Mar. \$ _____ July \$ _____ Nov. \$ _____
April \$ _____ Aug. \$ _____ Dec. \$ _____

-UTILITIES-

Jan. \$ _____ May \$ _____ Sept. \$ _____
Feb. \$ _____ June \$ _____ Oct. \$ _____
Mar. \$ _____ July \$ _____ Nov. \$ _____
April \$ _____ Aug. \$ _____ Dec. \$ _____

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: _____



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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.

- | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> History | <input type="checkbox"/> Lease/Rental Agreements |
| <input type="checkbox"/> Income statements | <input type="checkbox"/> Treatment plan/case plan |
| <input type="checkbox"/> Financial statements | <input type="checkbox"/> Certificate of Birth/Death |
| <input type="checkbox"/> School records/performance | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Verification of Indian Ancestry (CIB or Tribal Card) | <input type="checkbox"/> Verification of Native Dividends |
| <input type="checkbox"/> 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: _____



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| <input type="checkbox"/> School records/performance | <input type="checkbox"/> Medical records |
| <input type="checkbox"/> Verification of Indian Ancestry (CIB or Tribal Card) | <input type="checkbox"/> Verification of Native Dividends |
| <input type="checkbox"/> Other
(Specify): _____ | |

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

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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

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

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

Print or type. See Specific Instructions on page 3.	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requestor'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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and 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 ▶ _____
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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-INT (interest earned or paid)
- 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 1098 (home mortgage interest), 1088-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.