

CITY OF LAKEWOOD
APPLICATION FOR EMERGENCY HOME TENANT-BASED RENTAL ASSISTANCE (TBRA)

Instructions: All applicants must complete Part A and Part C of this application. Applicants who already occupy their unit (i.e. seeking assistance to remain in place) must also complete Part B.

Part – A

(To be completed by all applicants)

I. Applicant Information		
Full Name:	Telephone Number:	
Email:	Cell Phone Number:	
Current Legal Address (Street, Apt./Unit#):	City:	
	State:	Zip Code:
Mailing Address (if different):	City:	
	State:	Zip Code:

II. Eligibility/Financial Hardship

HOME-funded Emergency TBRA is limited to applicants experiencing financial hardship defined by HUD as either:

Loss of income (including job loss) due to the COVID-19 pandemic or Experiencing homelessness

Check all that apply: ☐ – Loss of income ☐ – Homeless

If the applicant has experienced financial hardship as a result of the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed. Please describe whether household has lost employment or experienced reduced income, identify dates in which these incidents occurred, and indicate if these losses are expected to be temporary or permanent. If an applicant is homeless, please describe when/how they lost housing (e.g. fled domestic violence) and where they currently reside (e.g. shelter).

Describe the financial hardship:

Is the applicant household currently receiving any form of rental assistance (e.g. housing choice voucher/Section 8, state/local rent assistance, private assistance such as from a nonprofit, faith-based organization, etc.)? ☐ – Yes ☐ – No

If receiving rental assistance, please describe:

III. Priorities for Assistance

The following categories or households have been designated as priorities for assistance. Indicate which, if any, apply to the household :

- ☐ – Household income at or below 30% Area Median Income
☐ – Head of household 62+ years of age or older

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IV. Type of TBRA Assistance

Indicate whether assistance is sought for the applicant's existing unit or to lease a new unit.

- ☐ – Existing Unit – Household is applying for assistance for a rental housing unit they currently occupy and have an existing lease (If yes, complete Part B of this application and include copy of executed lease).
- ☐ – New Unit – Household is applying for assistance for a rental housing unit that they do not currently occupy.

Please indicate which forms of assistance are needed by the applicant.

- ☐ – Past Due/Delinquent Rent (March 13, 2020 – December 31, 2020, only. Do not include late fees, penalties or interest as these fees are to be waived in accordance with the Emergency Tenant-Based Rental Assistance Contract.)
- \$_____ currently owed, late since:

List of rent past due:	Month/Yr:	Amount: \$
	Month/Yr:	Amount: \$
	Month/Yr:	Amount: \$
	Month/Yr:	Amount: \$
	Month/Yr:	Amount: \$
	Month/Yr:	Amount: \$

V. Household Information *If more than 6 household members, please add additional sheet for Sections V through VII.*

Household Member #	Name (Last, First, MI)	Relationship to Head of Household (spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student	
				Y/N	Part/Fulltime
1		Head of Household			
2					
3					
4					
5					
6					

**Note: Students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:*

- ☐ Student is a dependent member of the household (e.g. will occupy unit with parent(s)/guardian(s))

Student is ☐ Over age 24 ☐ Veteran of the US Military ☐ Married ☐ Has dependent child(ren)

- ☐ Student is *not eligible* to be claimed as the dependent of any other individual (e.g. was emancipated as a minor, aged out of foster care, etc.)

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VI. Household Income

Please provide all income/earnings information for each household member (HH Mbr#) below. Anticipate the annual income for the next 12 months by converting current income to an annual figure by multiplying income by the frequency with which it is received while factoring in amounts that will terminate before the end of the next 12 months. For example, multiply weekly income by 52; bi-weekly income (received every other week) by 26; semi-monthly income (received twice each month) by 24; and monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add all columns on the last row of this chart.

Income Sources	HH Mbr #1 (Head of HH)	HH Mbr #2	HH Mbr #3	HH Mbr #4	HH Mbr #5	HH Mbr #6
Unemployment Compensation – (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) *Exclude Federal Pandemic Unemployment Compensation (i.e. supplemental \$600/week through July)	\$	\$	\$	\$	\$	\$
Wages, Salary, Overtime, Hazard Pay, Commissions, Fees, and Bonuses (before payroll deductions)	\$	\$	\$	\$	\$	\$
Net income from business and self-employment (include income earned as an independent contractor and “Gig Economy” jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grub Hub, Door Dash, etc.)	\$	\$	\$	\$	\$	\$
Interest, dividends, and other net income of any kind from real or personal property (include rental income)	\$	\$	\$	\$	\$	\$
Social Security (including disability and supplemental; include gross amount prior to any Medicare premiums)	\$	\$	\$	\$	\$	\$
Retirement/Pension/Insurance Policy/Annuities	\$	\$	\$	\$	\$	\$
Disability or Death Benefits (disability compensation)	\$	\$	\$	\$	\$	\$
Worker’s Compensation and Severance Pay	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments (e.g., Temp. Assistance to Needy Families)	\$	\$	\$	\$	\$	\$
Regular pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits (exclude deferred disability benefits)	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments (exclude amount in excess of \$480 annually)	\$	\$	\$	\$	\$	\$
Alimony or Child Support (include only amounts expected)	\$	\$	\$	\$	\$	\$
Re-occurring cash gifts from private/nonprofit/charity or	\$	\$	\$	\$	\$	\$

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friends/family who will not reside in the housing unit						
Other (please describe):	\$	\$	\$	\$	\$	\$
Total Income for each HH Member	\$	\$	\$	\$	\$	\$
Total Household Income	\$					

VII. Household Assets

*Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. This type of information can be obtained by contacting the financial institution that holds the asset. Using the categories below, report the type of asset(s) held by each member of the household and the income derived from the assets (**report annual figures only**). If the asset does not generate income, report ZERO. If the household member does not have assets, leave BLANK. Calculate the total income from assets for the household on the last row of this chart.*

Household Member #	Assets to be reported include all of the following: Checking, Savings, Mutual Funds, Money Market Account(s), Equity in Rental Property, Retirement and Pensions, 401(K)(s), Stocks, Bonds, Treasury Bills, Certificate(s) of Deposit, Annuities, Revocable Trust(s), Mortgage(s) and/or Deed(s) of Trust, Whole Life Insurance policy, Lump-sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, jewelry, art, etc.)	Cash Value of Asset	Interest/Dividends earned on the Assets
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Household Member #	Assets Disposed of in Last 24 Months: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g., sale/gift of home)	Cash Value of Disposed Asset(s)	Income from Disposed Asset(s)
		\$	\$
		\$	\$
		\$	\$
		Total Value of Assets	Total Income from Assets
		\$	\$

*****To be completed by Program Administrator only.*****

Step 1: If Total Value of Assets exceeds \$5,000, multiply total by 0.06% (passbook savings rate): \$_____ = Imputed Income

Step 2: Enter Greater of Total Income from Assets or Imputed Income: \$_____

Step 3: Add Total Household Income from Section VI with result from Step 2: \$_____ = Gross Household Income

Use space below to explain any adjustments/corrections to applicant-completed information:

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VIII. Conflict of Interest

This HOME TBRA program is funded by the City of Lakewood through the City of Tacoma TCRA and administered by the City of Lakewood. The program is subject to conflict of interest rules intended to ensure all applicants are treated fairly and no one, by virtue of their position, unduly influences the selection or assistance approval process. Applicants must declare whether or not they, or any member of their household, has a potential conflict of interest **by checking one of the statements below**:

- ☐ – I **am not** an employee, agent, consultant, officer, or elected official or appointed official of the City of Lakewood, the City of Tacoma, or the Tacoma Community Redevelopment Authority (TCRA), nor am I the immediate family member of nor do I have business ties with any such person.
- ☐ – I cannot check the box above and **do have a potential conflict of interest** as described in the space below. *(Note, having a potential conflict does not automatically disqualify an applicant but triggers additional reviews which may determine that no conflict exists, that a conflict exists and that an exception will be sought from HUD, or that the applicant is conflicted and may not be assisted.)*

Describe potential conflict of interest (if applicable):

Part – B

(To be completed only by applicants who already occupy the unit to be assisted)

IX. Current Lease & Landlord Information

Property Owner/Landlord:	Lease Expiration (mm/dd/yyyy):
Property Management Company (if applicable):	Monthly Rent: \$
Telephone:	Back Rent Due: \$
➤ Submit a copy of your lease with this application.	

X. Utility Services

Indicate which utility services are used in the unit. If the utility service is included in the rent under the lease, check "owner paid." If the utility service is paid directly by the tenant, check "tenant paid."

	Owner Paid	Tenant Paid	Utility Service Provider
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel (e.g. gas)	<input type="checkbox"/>	<input type="checkbox"/>	
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	

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XI. Unit Condition Checklist			
<i>HOME funded emergency rental assistance requires assisted units to meet certain basic housing quality standards. Due to social distancing, in lieu of inspections by the Program Administrator, applicants should complete the following checklist about their unit.</i>			
Is the housing unit <u>free</u> of the following health and life safety conditions?	Yes	No	Unknown
Exposed bare wires or openings in electrical panels, outlets, or junction boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaking water, puddling, or ponding on or near any electrical apparatus or outlet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of mold or mildew, especially in bathrooms and/or air outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong propane, natural gas, or methane gas odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong sewer odors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/structural defect(s) that pose a tripping risk in the unit or in common stairways or hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of rodent and/or insect infestation, especially in areas of food storage/prep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any sharp edge or physical/structural defect(s) that could cause bodily harm (e.g., cuts, skin puncture, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are common areas accessible to the tenant <u>free</u> of the following health and life safety conditions?			
Emergency exit(s) that cannot be used/accessed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing exit signs or exits signs that are not clearly illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An elevator(s) misaligned with the floor by more than ¾ inch? (e.g. the elevator(s) does not level as it should)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable materials that are improperly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Free of any other general defect(s) or hazards that pose a health and/or safety risk. If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the housing unit contain the following basic livability features?	Yes	No	Unknown
Working/operable lock(s) on all windows and doors that can be reached from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one working smoke detector on each level of the unit, including the basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights that work in all common hallways and interior stairwells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings, walls, and floors in good condition? (no large cracks, holes, bulging, chipped/peeling plaster/paint, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least two electrical outlets, or one outlet and a permanent overhead light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one window? (all windows must be in good condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Storage, preparation, and serving space for food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one electrical outlet and one permanent light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A working stove (or range) and oven? (tenant owned/supplied is acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A refrigerator that keeps temperatures low enough that food does not spoil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A sink with hot and cold water? (a bathroom sink will not satisfy this requirement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A window that opens and/or a working exhaust fan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A flush toilet that works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ A sink and tub/shower with hot and cold water? (a kitchen sink will not satisfy this requirement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one permanent overhead or wall light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ At least one operable window in every room used for sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use space below to clarify, elaborate, or add information about the condition of the unit:			

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Part – C

(To be completed by all applicants)

XII. Beneficiary Intent to Participate and Certification

I/we intend to participate in the Emergency HOME Tenant-Based Rental Assistance program. I/we understand that:

- ☐ – I/we may be required to provide access to the unit for purposes of a physical inspection, including a lead-based paint visual inspection, prior to approval;
- ☐ – I/we will be required to execute a three-party Rental Assistance Contract with the property owner and the Tacoma Community Redevelopment Authority (TCRA) on behalf of the City of Lakewood (“Program Administrator”);
- ☐ – My/our current lease will be modified to include certain protections under the Violence Against Women Act (VAWA); and
- ☐ – In no case will the term of assistance under the program extend beyond December 31, 2020.

I/we certify under penalty of perjury that the above information is complete and accurate to the best of my/our knowledge. I/we understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willfully making a false or fraudulent statement to a department of the United States Government. I/we understand that additional state or local civil and/or criminal penalties may also apply to the submission of materially false or incomplete information. I/we agree to provide any additional documentation required by the program administrator to document my/our household income and/or any other eligibility criteria.

_____ Head of Household Signature	_____ Print Name	_____ Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	_____ Print Name	_____ Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	_____ Print Name	_____ Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	_____ Print Name	_____ Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	_____ Print Name	_____ Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	_____ Print Name	_____ Date (mm/dd/yyyy)

Remember to submit:

- **Copy of lease**
- **Property Owner Certification (if already completed by owner, otherwise owner may provide to the City)**
- **Copy of driver’s license or ID card or military ID for all household members 18+**
- **Evidence of valid Social Security numbers**
- **Proof of income prior to the COVID-19 related income loss (March 13, 2020) for all applicable adult members of the household**
- **Proof of current income to demonstrate income loss for all adult members of the household**
- **Late rent/delinquency notice (if you don’t have, the owner may provide to the City)**