



Covid-19 Emergency Rental Assistance Program

Weber Housing Authority
237 26th Street, #E220
Ogden, Utah 84401
Phone: 801-399-8691
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Weber Housing Authority
Covid-19 Emergency Rental Assistance Program Guidelines

1. Program Summary

The Weber Housing Authority Covid-19 Emergency Rental Assistance Program is designed to assist households in maintaining their current living situation and avoid eviction. The program is for participants that are in a temporary crisis that is beyond the control of the participant that has significantly affected their ability to pay their rent. Participants must be a victim of Covid-19. The participant must have exhausted all other resources and have no other way to alleviate the crisis but for the assistance of the program. Rental payment must be in arrears or due within 10 calendar days and the assistance must stop the eviction process. The payment will not exceed \$1,500 per household per month and will be paid directly to the landlord or property management agency. Funding will be offered as it is available and on a first come, first serve basis. The Weber Housing Authority can assist with up to three months' worth of rental assistance. The process of applying is outlined below.

2. Homeless Prevention

It is intended that the funds will be used to assist households in avoiding homelessness as a result of Covid-19. The funding may only be used to prevent homelessness by avoiding eviction.

3. Eligible Households

Verification must be provided that the household has lost income as a result of Covid-19. There must be reasonable proof that the family will be able to resume full monthly housing payments in the following months. The participant should provide proof that they are currently working or planning to work or that sufficient income will be able to support the household with future expenses.

Households that comprise of undocumented citizens do not qualify for assistance under this program.¹

4. Projected Household Income Requirements

Income documentation in the form of most recent pay-stubs and tax returns are required to apply for the Weber Housing Authority Emergency Rental Assistance Program. Every member of the household age 18 and older must submit income information regardless of their participation on the program. The annual household income (all members age 18 and older) cannot exceed 80% of the area median income. Weber Housing Authority Emergency Rental Assistance Program utilizes the HUD adjusted gross income definition for determining the projected household annual income. These yearly household income

¹ "The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 imposed restrictions on eligibility for receipt of public benefits. Essentially, the law provides that illegal aliens are not to receive public benefits and specifies how the inquiry into a person's status is to be conducted."

HUD OneCPD Resource Exchange, <https://www.onecpd.info/homelessness-assistance>. 2014.

limits, based on household size, are listed below:

Emergency Rental Assistance Income Requirements (2020)	
Household Size	Maximum Income
1	\$48,350
2	\$55,250
3	\$62,150
4	\$69,050
5	\$74,600
6	\$80,100
7	\$85,650
8	\$91,150

Assistance is offered on a first come, first serve basis.

4. Application Verifications

1. Weber Housing Authority Emergency Rental Assistance Program Application
2. Social Security Cards for all household members
3. Income information (consecutive and most recent 60 days of pay stubs) AND letter from employer explaining your current employment situation (if applicable)
4. Tax information for 2019
5. Verification of loss of income as a result of Covid-19
5. Current lease
6. Current rent ledger

5. Property Qualifications

Properties must be located within Weber County. The qualifying cities that may participate in the program are:

Farr West	Riverdale
Harrisville	Roy
Hooper	South Ogden
Marriott-Slaterville	Washington Terrace
North Ogden	West Haven
Plain City	Ogden City
Pleasant View	

Process Guidelines

1. A **fully completed** application will be sent to Weber Housing Authority will all required documentation. The application (with all required documentation) may be dropped off, faxed, emailed or mailed to Weber Housing Authority staff. Please do not submit an incomplete application.
2. Participants will be contacted once a completed application is submitted.
3. The landlord will be contacted once the application is approved. Weber Housing

Authority staff will explain to the landlord that a rental payment will be made on behalf of the tenant. The date the landlord can expect to receive a check will also be detailed.

Once all required documentation has been submitted with the completed application, there is NO GUARANTEE that funds will still be available or that you will qualify for the assistance. The following guidelines will help determine if you qualify for funding assistance:

- You must show that your crisis is directly related to Covid-19; you have contracted Covid-19 and lost employment or lost your employment as a result of the pandemic.
- Payment is in arrears or due within 10 calendar days. The Weber Housing Authority can provide assistance for up to 3 months of rental assistance totaling \$1,500 per household.

The undersigned hereby releases Weber Housing Authority, its agents and employees from all liability or obligation arising from or in connection with services or goods received from Weber Housing Authority. I understand that Weber Housing Authority reserves the right to consult with other community agencies and the landlord regarding my case. This includes the right to release or receive names and addresses. Some of the information on this application will be used to obtain statistical reports to be submitted to grantors and/or for program outreach purposes.

In the event that your application is not approved for any reason, there is a grievance process in place, which can be utilized by requesting the program manager to review your application and the reasons for denial. If there is still dissatisfaction, the decision may be heard by the Executive Director of the Weber Housing Authority. If the decision is still unsatisfactory, you may submit a written description of the grievance decision to the Weber Housing Authority Board of Directors at 237 26th Street, #E220, Ogden Utah 84401.

Signature of Applicant

Date

Checklist of Information

Applicant must provide the following required documents/information before application will be accepted (No exceptions will be made).

Documentation:

- Social Security Cards for all household members
- Income information (consecutive and most recent 60 days of pay stubs) AND letter from employer explaining your current employment situation (if applicable)
- Tax information for 2019
- Verification of loss of income as a result of Covid-19
- Current lease
- Current rent ledger

Rental Assistance Packet:

- Completed Emergency Rental Assistance Packet
- Landlord signature on last page of Packet (please ask about this before having your landlord sign)

-All documentation must be complete before turning in the application-

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information:

Weber Housing Authority
237 26th Street, Suite #E220
Ogden, Utah 84401

Purpose:

The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use the authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation for the following program:

Emergency Rental Assistance

I authorize the above named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies. I understand any Criminal History Record or police incident report(s) can be released to any adult regarding individuals receiving Housing Assistance who may be directly affected. I hereby release the Weber Housing Authority from any liability that may result from the receipt or use of any Criminal History Record or police incident report(s).

Information Covered Inquiries may be made about:

Family Composition	Residences and Rental History
Employment, Income, Pension and Assets	Social Security number and information
Federal, State, Tribal or Local Benefits	Identity and Marital Status

Individuals or Organization That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks and other Financial Institutions	Landlords	Employers (Past and Present)
Law Enforcement Agencies		
Providers of:		
Alimony or Child Care	Schools and Colleges	
Child Support or Credit issuing agencies	U.S. Social Security Administration	
Handicapped Assistance	U.S. Department of Veterans Affairs	
Medical Care	Utility Companies	
Pensions/Annuities	Welfare Agencies	
Local Supportive Services		

Conditions:

I agree that photocopies of this information may be used for the purposes stated above. If I do not sign this authorization, I also understand that my application may be denied or terminated.

Head of Household (Print)

Signature

Date

Other Adult (Print)

Signature

Date

Weber Housing Authority Applicant Statement

Please state the reasons you are experiencing a housing crisis and how this DIRECTLY relates to Covid-19:

Are you currently receiving Unemployment Benefits? Please explain why/why not:

Landlord Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Applicant Signature

Date

Weber Housing Authority Representative

Date

**Weber Housing Authority
Rental Assistance Application**

	Last Name	First Name	Relationship (Spouse, daughter, etc.)	Sex	Disabling Condition (Y/N)	Race	Ethnicity (Hispanic/Non- Hispanic)
1							
2							
3							
4							
5							
6							

Phone number where you may be reached: _____

Email Address: _____

Residency: Current Address

	Address	City	State	Zip	Landlord's Name	Phone Number
Current						

Landlord's Address: _____

All income must be reported. For each family member on page 1, list any income received by or in behalf of that family member:

Mem #	Type of Income: (Wages, SSI, SSA, Alimony/Child Support, Interest, Dividends, Retirement, Self Employment Income, Tips, Commissions, Welfare, etc.)	Amount of Income from this source:	Frequency: (Daily, weekly, monthly, annually, etc.)	Office use only:
Total Estimated Annual Income:				

Dear Landlord:

The Weber Housing Authority will not approve emergency rental assistance if the owner of the proposed dwelling is related in any way to the client. This includes but is not limited to: the spouse, the parent, step-parent, child, grandparent, grandchild, sister, or brother of the applicant currently applying for rental or deposit assistance. The property owner or manager may not reside in the specific unit under consideration.

Are you related to the client who is applying to rent your unit?

Yes _____ No _____

Do you live in the unit with our client?

Yes _____ No _____

By signing this form, you are acknowledging you have read and understand the information provided. You are indicating you have honestly answered the above questions to the best of your knowledge.

Landlord/Property Manager's Signature

Date signed

Address, City, State and Zip

Phone Number

Weber Housing Authority
237 26th Street, #E220, Ogden, Utah 84401

This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made with Emergency Food and Shelter Program funds. Failure to provide complete, required information will result in a compliance exception.

Client Information: _____ Date (month/day/year): _____

Client Name: _____

Client Address: _____
(complete street address)

(city/state/zip)

+++++

Type of Assistance: Rent (check one) Mortgage (check one)
 Past due rent Past due mortgage
 Current month's rent Current month's mortgage
 First month's rent (effective/move in date _____) (month/day/year)

The monthly rent/mortgage payment is \$ _____

The total owed (including the amount above) is \$ _____

The one month amount being paid by this agency is \$ _____

The amount being paid is for the month of (month/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment (check one): Yes No

EFSP guidelines allow for the payment of mortgage principal and interest only. Current rent/mortgage payments may be made up to 10 calendar days before the due date. First month's rent may be paid up to 30 days prior to move-in date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month's mortgages are not allowed.

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LRO Verification (To be completed by the LRO staff):

LRO Staff Name: _____

LRO Staff Signature: _____

Date (month/day/year): _____

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent/mortgage for _____ for the property
(name of individual or family)

at _____ with
(complete address, street number and name, city, state, zip code)

a monthly rent amount of \$ _____ (rent only; includes no deposits, late fees, or other charges) or with a mortgage
with a monthly payment of \$ _____ (principal and interest only; no escrow payments or other fees) is/was
due on _____ (month/day/year). The total amount currently owed is \$ _____. The individual/
family now has rent/mortgage due/past due for the month(s) of _____ (month/year)

Landlord/Mortgage Holder Name: _____ Phone: _____
Address: _____
(street/city/state)
Landlord/Mortgage Holder Signature: _____ Date (mo/day/yr): _____

Important: Payment will guarantee residency for an additional 30 days!

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <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) _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions)	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see

Social Security Number

or

Employer Identification number

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below)

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

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.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA

alien). Use Form W-9 to provide TIN to the person requesting the TIN (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued)
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income

HOUSEHOLD INFORMATION

Please read this statement before completing the box below:

The following information is requested by the Federal Government for Community Development Block Grant (CDBG) funded programs in order to monitor the Weber Housing Authority's compliance with equal opportunity and housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that the Weber Housing Authority may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations the Weber Housing Authority is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below:

Applicant I do not wish to provide the information requested <input type="checkbox"/>	Co-Applicant I do not wish to provide the information requested <input type="checkbox"/>
Race/National Origin – please check all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Other	Race/National Origin – please check all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian and Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> Other
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (i.e. single, divorced, widowed, etc.)	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (i.e. single, divorced, widowed, etc.)
Disabling Condition for you or anyone in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabling Condition for you or anyone in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age <input type="checkbox"/> Under 62 <input type="checkbox"/> Over 62	Age <input type="checkbox"/> Under 62 <input type="checkbox"/> Over 62
Single Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	