



Treasury Rent Assistance Program (T-RAP) &
Treasury Emergency Rent Assistance (TERA) Program
Household Information & Eligibility Form Version 2

Instructions: Use this form to screen and document household eligibility.

1. Household Information							
Household ID: 115614 <i>(cannot include personal identifying information such as initials or birth date in ID)</i>						Date: 12.14.2021	
Name: Jacquelyn Velles				Zip Code <i>(use for fact-specific proxy): 98664</i>			
Phone: 503.442.5354				Email: jackievelles@gmail.com			
Head of Households Age: <u> 40 </u>				Number of Household Members: <u> 2 </u> Number of Household Members Under 18: <u> 1 </u>			
<input type="checkbox"/> One or more household members are unemployed and have been unemployed for 90 days before application date. <i>(prioritization requirement, not eligibility)</i>							
WA State is collecting <u>demographic data on head of households</u> assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional.							
Gender:	Female	Male	Trans Male (FTM)	Trans Female (MTF)	Gender non-conforming	Refused / Don't Know	
Race:	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Multi-Racial	White	Refused / Don't Know
Ethnicity:	Non-Hispanic/Non-Latinx		Hispanic/Latinx			Refused / Don't Know	

2. Income Calculation

Current income must be at or below 60% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking assistance together. Provider must calculate the household's total gross income for calendar year 2020 **or** the household's current monthly income at the time of application.

If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.

If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method: $\$(60 \text{ days of total income})/2 = \text{Average income} \times 12 \text{ months} = \text{Annual income}$

Household name/ household members	Source of Income (see income types below)	Gross Income in a pay period	Calculation method	Annual Income
Example: Joey Fatone	wages	\$1,000	12	\$12,000
Jacquelyn Velles	wages	\$3,086.92	12	\$37,043
				\$
Household Annual Income:				\$37,043
60% AMI for household size in county:				\$46,440
<input checked="" type="checkbox"/> Income at or below 60% of Area Median Income (AMI) OR is a low-income family using the Median Family Income Documentation System .			<input type="checkbox"/> Fact-specific proxy checked Enter Census Tract/Block Group: (must also use a self-dec for income documentation)	
Household AMI Tier: <input type="checkbox"/> Income below 30% AMI <input checked="" type="checkbox"/> Income between 30%-50% AMI <input type="checkbox"/> Income between 50%-60% AMI			Household Monthly Income (Annual Income/12): \$3,086.92	

3. Income Type & Documentation

Type of income:	Check the box for income type: <input checked="" type="checkbox"/>	How to document: No additional documentation is needed for household's self-certifying income in combination with a fact-specific proxy. If there are barriers or time constraints associated with collecting source documentation to substantiate a household's income, grantees must utilize the flexibility of self-declarations in combination with a fact-specific proxy. <i>Please note: the use of a fact-specific proxy or categorical eligibility must be tracked on Report Form.</i>
No Income		Self-certified/stated by the household. <input type="checkbox"/> Fact-specific proxy used.
Wages and Income (including Self Employment, Business Income, Armed Forces Income)	<input checked="" type="checkbox"/>	Copy of most recent pay stub(s), W-2 or other payment statement, tax filings, profit and loss report from applicant's accounting system, or bank statements demonstrating regular income.
	<input type="checkbox"/>	OR Attestation from employer: Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation.
	<input type="checkbox"/>	OR Self-certified/stated by the household. <input type="checkbox"/> Fact-specific proxy used.
Public Assistance (including but not limited to: TANF, SSI)	<input type="checkbox"/>	Categorical eligibility used: <i>determination letter/statement from another local, state, or federal government assistance program or copy of most recent benefit statement collected.</i>
	<input type="checkbox"/>	OR Self-certified/stated by the household. <input type="checkbox"/> Fact-specific proxy used.
Pension/ Retirement Income	<input type="checkbox"/>	Copy of most recent statement, benefit notice from Social Security, pension provider or other.
	<input type="checkbox"/>	OR Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount.
	<input type="checkbox"/>	OR Self-certified/stated by the household. <input type="checkbox"/> Fact-specific proxy used.
Unemployment and Disability Income	<input type="checkbox"/>	Copy of most recent payment statement or benefit notice.
	<input type="checkbox"/>	OR Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount.
	<input type="checkbox"/>	OR Self-certified/stated by the household. <input type="checkbox"/> Fact-specific proxy used.
Alimony, Child Support, Foster Care Payments	<input type="checkbox"/>	Copy of most recent payment statement, notices, or orders.
	<input type="checkbox"/>	OR Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.
	<input type="checkbox"/>	OR Self-certified/stated by the household. <input type="checkbox"/> Fact-specific proxy used.

4. Housing Status**How to document:** Check the box for documentation type.☐ Self-certified/stated by the household, describe situation:☐ A past due utility notice or eviction notice **OR**☒ Statement from the landlord that verifies the applicant's housing instability (eg: currently late on rent, has rental arrears). Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord. Completion of the Rent Payment Agreement Form with a landlord signature can count for this. **OR****5. Financial Hardship - Financial hardship must be *due* to COVID-19.****How to document:** Check the box for documentation type.

How has COVID-19 pandemic (since March 2020) affected your household's income or assets? Check all that apply:

- ☒ Wages or hours reduced
- ☐ Currently am or have been unemployed
- ☐ Qualified for unemployment benefits
- ☒ Laid off or pause in work
- ☒ Sick and unable to work
- ☒ Caring for sick household member
- ☐ Loss of child or spousal support
- ☐ Caring for children home from school or daycare

☐ Self-certified/stated by the household, describe situation:

What additional expenses have you had due to the COVID-19 pandemic (since March 2020)? Check all that apply:

- ☐ New or increased healthcare costs
- ☐ Remote or at-home work expenses
- ☐ Childcare expenses
- ☐ Increased food or food delivery expenses
- ☐ At home care for a household member ill from COVID-19
- ☐ Personal Protective Equipment (PPE) including masks
- ☐ Air quality (filters, ventilation) expenses
- ☐ Payments made by credit card or payroll loan to avoid homelessness
- ☐ Alternative transportation expenses due to COVID-19 transportation limitations

☐ Other – describe situation:☐ Source documentation of unemployment benefit (most recent payment statement or benefit notice, documentation of unemployment collected for income verification is sufficient.) **OR**☐ Dated mail, fax, email verification or verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification of unemployment that includes unemployment amount **OR**

6. Rental Payment Amount & Location

How to document: If collecting leases is administratively burdensome and slows down the application processing time, grantees must require the landlord to make the lease available only upon request, and utilize another documentation method for verifying rental payment amount and rental location. Check the box for documentation type(s).

☒ A current lease signed by the applicant and the landlord or sublessor that identifies the unit **where the applicant resides** and establishes the **rental payment amount** and **tenant and landlord signature**. *If the lease is not available and/or presents an administrative burden to collect, use another method below.*

Rental Payment Amount

Rental Address

☐ Rent Payment Agreement Form signed by landlord.

☐ An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount.

☐ Bank statements, check stubs, or other documentation which establishes a pattern of paying rent at residence.

☐ Evidence of paying utilities for the residential unit or other documentation which establishes a pattern of paying utilities at residence.

☐ Self-certified/stated by the household.* Rental payment amount and rental address:

**In cases where the household does not have source documentation of the rental payment amount and relies on a written self-declaration from the household, the monthly maximum amount of assistance must be 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides. See Self-Declaration Form for further guidance when using for Rental Payment Amount.*

7. Utilities

How to document: All payments for utilities and home energy costs should be supported by documentary evidence. Check the box for utility arrears documentation type.

☐ Bill, invoice or other documented evidence of payment **OR**

☐ Self-certified/stated by the household. Describe utility type, payment amount, and time period bill covers:

8. Other Housing Costs (OHC) – OHC must be **due to COVID-19 and** related to housing.

How to document: All payments for housing-related expenses must be supported by documentary evidence. Check the box for other housing costs documentation type.

☐ Bill, invoice or other documented evidence of payment.

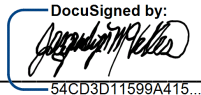
9. Household Attestation

How to document: Grantees must require all applications for assistance to include an attestation from the applicant that all information included is correct and complete. Check the box for attestation type.

☐ Text, email, or other written attestation from household **OR**

☐ Verbal verification. By checking this box, provider is verifying they have received the verbal attestation from household **OR**

☒ Household signature: _____

DocuSigned by:

 54CD3D11599A415...



T-RAP/TERA Rent Payment Agreement Form - Version 6

Instructions for service provider if tenant is applying: Complete Sections 1 and 2 with head of household. T-RAP staff calculates Section 3 and determines Section 4. Service provider calculates sections 3 and 4. Contact landlord to complete Section 5.

Instructions for landlord if landlord is initiating on behalf of tenant: "Landlord" includes property manager/owner or other person authorized to seek rent payment, including friends/family. Landlords complete only Sections 1, 2, and 5. (Service provider completes 3 and 4). The service provider will contact the tenant to determine eligibility. Household must complete Section 6 if application initiated by Landlord or if payment is made directly to household*. Submitting this form does not guarantee payment.

1. Household/Tenant and Rental Information								
Household ID (completed by service provider): 115614						Date: 12.13.2021		
Name: Jacquelyn Velles								
Rental Address (street, city, state, zip code): 520 NE 108 Avenue Unit #12; Vancouver, WA 98664								
Number of bedrooms in rental unit: 2								
If a shared living situation with friend/family, how many bedrooms is the household/tenant paying for? If only paying for a "sleeping space," indicate "1."								
2. Rent Request – limited to 12 months								
a. What is the tenant's monthly rent/lease amount? Utility costs embedded in the total rent amount and separately stated utility amounts in the lease will be included in the rental payment.						Rent: \$1,295 Water/Sewer: \$60		
b. Indicate below the months the household/tenant rent is past due and the future rent to be paid. Assistance cannot be provided for arrears that were accrued before March 13, 2020. March arrears must be prorated from March 13 to the end of the month. Up to three months future rent is allowable. See guidelines for more information on future rent.								
<input type="checkbox"/> Mar '20 \$	<input type="checkbox"/> Apr '20 \$	<input type="checkbox"/> May '20 \$	<input type="checkbox"/> June '20 \$	<input type="checkbox"/> July '20 \$	<input type="checkbox"/> Aug '20 \$	<input type="checkbox"/> Sept '20 \$	<input type="checkbox"/> Oct '20 \$	<input type="checkbox"/> Nov '20 \$
<input type="checkbox"/> Dec '20 \$	<input type="checkbox"/> Jan '21 \$	<input type="checkbox"/> Feb '21 \$	<input checked="" type="checkbox"/> Mar '21 \$60	<input checked="" type="checkbox"/> Apr '21 \$1,355	<input checked="" type="checkbox"/> May '21 \$1,355	<input checked="" type="checkbox"/> Jun '21 \$1,355	<input checked="" type="checkbox"/> Jul '21 \$1,355	<input checked="" type="checkbox"/> Aug '21 \$1,355
<input checked="" type="checkbox"/> Sept '21 \$1,355	<input checked="" type="checkbox"/> Oct '21 \$1,355	<input checked="" type="checkbox"/> Nov '21 \$1,355	<input checked="" type="checkbox"/> Dec '21 \$1,355	<input checked="" type="checkbox"/> Jan '22 \$1,355	<input checked="" type="checkbox"/> Feb '22 \$1,355	<input type="checkbox"/> Mar '22 \$	<input type="checkbox"/> Apr '22 \$	<input type="checkbox"/> May '22 \$
<input type="checkbox"/> Jun '22 \$	<input type="checkbox"/> Jul '22 \$	<input type="checkbox"/> Aug '22 \$	<input type="checkbox"/> Sept '22 \$	<input type="checkbox"/> Oct '22 \$	<input type="checkbox"/> Nov '22 \$	<input type="checkbox"/> Dec '22 \$		
c. What is the total rent due? (total of 2.b.)						\$14,965		
3. Maximum Rent Payment (completed by service provider)						2020 FMR (Mar-Sept 20)		2021 FMR (Oct 20-Sept 21)
a. What is 150% or 100% Fair Market Rent on this Unit? Up to 100% if self-dec used to determine rental payment amount. FMR is based on the number of rooms the tenant is renting if in a shared living situation with friend/family.						\$2,242		\$2,304
b. Fair Market Rent x # months of rent requested (show calculations)						\$2,304*7= \$16,128 2,200.50*5= \$11,002.50 \$27,130.50		\$2,200.50



4. Total Rent Payment *(completed by service provider)* up to total in 3.b, but no more than total rent due in 2.c.) *Reminder: Documentation of payments made to a landlord on behalf of the household must be provided to the household.*

\$14,965



5. Landlord, property manager/owner, or person authorized to accept payment

Name: INVEST WEST MANAGEMENT LLC		Name check should be made out to: INVEST WEST MANAGEMENT LLC
Payment Address: 12503 SE Mill Plain Blvd Suite 260		
City/State: Vancouver, WA	Zip Code: 98684	Phone number: (360) 567-4366
DUNS Number or Tax ID Number: W9 on file		

As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will abide by the agreements below from the signing of this agreement and all applicable provisions of WA State landlord-tenant law.

1. Accept \$14,965 as full satisfaction of any rent and late fee* balance owed for the months paid by the program. (See section 2b. for months covered)
2. Agree that no new late fees* or additional charges will be made for the months covered.
3. Agree rent will not increase for the household described above for at least six months.
4. Agree not to invoke RCW 59.18.410(3)(d) to prohibit a tenant ability to seek relief provided by that section if any of the notices to pay or vacate were served prior to the signing of this agreement.
5. Agree to not terminate or refuse to renew the above household's tenancy until after six months unless: (a) a household member materially violates the terms of the lease; (b) a household member is creating a significant and immediate risk to the health, safety, or property of others; or (c) at least 90 days' written termination notice is provided to the household based on the Landlords intent to (i) personally occupy the premises as a primary residence, or (ii) sell the property.
6. Agree to submit lease agreement upon request, if available.
7. Agree to repayment of these funds if I do not fulfill the terms of this agreement.

* RCW 59.18.620(1) prohibits landlords from charging late fees for rent that was due "between March 1, 2020, and six months following the expiration of the eviction moratorium." The "eviction moratorium" that SB 5160 refers to is Proclamation 20-19.6, which expired on June 30, 2021. Six months from that date is December 31, 2021.

Landlord Print Name/Signature: <i>TRACY NORRIS / Tracy Norris</i>		Date: <i>12/24/21</i>
6. Household Signature* (Required when landlord initiates assistance or when payment is made directly to the household. This can be obtained by the landlord or service provider. Electronic signatures, or verbal/electronic verifications are allowable.) <i>*If payment is made directly to household, household agrees to use payment to satisfy rental obligation listed in Section 4 above.</i>		
Household Signature: <i>[Signature]</i>	Verbal/Electronic Verification (check box): <input type="checkbox"/>	
Date: 12/21/2021	Date:	