



**Housing Resource Center**

## Housing Resource Center

7102 W Okanogan Place Suite 201

Kennewick, WA 99336

Phone: 509.783.5284

The Housing Resource Center of Benton and Franklin Counties screens households that are experiencing homeless or facing an eviction for housing programs in our community.

### Screening Times:

Tuesday, Wednesday, Thursday

8am - 11:30am & 1pm - 4:30pm (closed 12-1pm)

If you have these documents, please bring them with you:

- Homeless Status Verification: Letter from the shelter/service provider or self-declaration
- Ledger, Eviction Notice and Lease Agreement:**
- Picture ID
- Social Security Cards & birth certificates for children
- Proof of income for all adults in household**



Domestic  
Violence  
Services



**DVS**

OF BENTON & FRANKLIN COUNTIES



---SHELTERS IN OUR COMMUNITY---



# C/ERAP 2.0- Household Information & Eligibility Form Version 5

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

STAFF INITIALS \_\_\_\_\_

## 1. Household Information

<b>Household ID:</b> <small>(cannot include personal identifying information such as initials or birth date in ID)</small>	<b>Date:</b>
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<b>Name:</b>	<b>Phone:</b>
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WA State is collecting demographic data on head of households 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.

<b>Gender:</b>	Cisgender Woman	Transgender Man or Transgender Woman	A gender other than singularly man or woman (non-binary, genderfluid, agender, culturally specific gender)	Refused	Don't Know
	Cisgender Man	Questioning			Data Not Collected

<b>Ethnicity:</b>	Non-Hispanic/Non-Latin(a)(o)(x)		Hispanic/Latin(a)(o)(x)	Refused	Don't Know	Data Not Collected

<b>Race:</b>	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Native Hawaiian or Pacific Islander	Multiple Races	White	Refused	Don't Know
								Data Not collected

<b>Head of Household is 18-24 or Unaccompanied Youth 16-17:</b>	Yes	No	Refused/Don't know	<b>Rental Type:</b>	Leased Rental Unit	Family/Friends	Hotel/Motel
						Lot Space	Refused /Don't know

## 2. Household Eligibility - must meet both screening criteria.

<b>Income at or below 80% of <u>Area Median Income (AMI)</u>.</b>	<b>Documentation required:</b> <input type="checkbox"/> Calculation Worksheet and Income Self-certification or documentation: see 3 and 4 below for details.
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<b>Rent Due -- Household has a <u>currently</u> missed or partially paid rent payment since March 1, 2020 and is still occupying the residence.</b>	<b>Documentation required:</b> <input type="checkbox"/> Rent Payment Agreement Form. <b>Number of bedrooms</b> _____ <input type="checkbox"/> Verbal verification of <u>currently</u> missed or partially paid rent completed (if receiving utilities only). <b>ADDRESS:</b> _____  <b>LANDLORD CONTACT:</b> _____
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### 3. Income Calculation

Current income (average over last 60 days) or income from calendar year 2020 or calendar year 2021 must be at or below 80% 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 to maintain housing together.

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
<i>Example: John Smith</i>	<i>wages</i>	<i>\$1,000</i>	<i>12</i>	<i>\$12,000</i>
				\$
				\$
<b>Household Annual Income:</b>				\$
<b>80% AMI for household size in county:</b>				\$

**Number of Household Members:**

Income at or below 80% of Area Median Income (AMI)

Less than 30%

31-50%

51-80%

### 4. Income Type & Documentation

Type of income:	Check the box for income type: ✓	How to document: Grantees can check the box next to source type. No additional documentation is needed for household self-certifying income. <i>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.</i>
No Income		Self-certified/stated by the household.
Wages and Salary Income		Copy of most recent pay stub(s). <b>OR</b> 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.
		<b>OR</b> Self-certified/stated by the household.
Self-Employment and Business Income		Copy of most recent federal and state tax return, profit and loss report from applicant's accounting system, or bank statement.
		<b>OR</b> Self-certified/stated by the household.

Pension/ Retirement Income		Copy of most recent statement, benefit notice from Social Security, pension provider or other.
		<b>OR</b> 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.
		<b>OR</b> Self-certified/stated by the household.
Unemployment and Disability Income		Copy of most recent payment statement or benefit notice.
		<b>OR</b> 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.
		<b>OR</b> Self-certified/stated by the household.
TANF/ Public Assistance		Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS).
		<b>OR</b> Verbal verification from source that includes name of income source, income amount, and frequency of income.
		<b>OR</b> Self-certified/stated by the household.
Alimony, Child Support, Foster Care Payments		Copy of most recent payment statement, notices, or orders.
		<b>OR</b> 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.
		<b>OR</b> Self-certified/stated by the household.
Armed Forces Income		Copy of pay stubs, payment statement, or other government statement indicating income.
		<b>OR</b> Dated mail, fax, email verification or verbal verification that includes name of income source and income amount.
		<b>OR</b> Self-certified/stated by the household.

**Have you or anyone in your household applied for previous rental assistance? Y [ ] N [ ]**

**CLIENT SIGNATURE** \_\_\_\_\_

**STAFF SIGNATURE** \_\_\_\_\_



## Treasury/Commerce Rent Assistance Program (C-RAP) Self-Declaration Form

Complete this form to document income housing status, financial hardship, rental payment amount, utility arrears when applicable.

- Income** – In the narrative include details on source of income, income amount, and frequency of income or state “no income.”
  
- Housing Status** – In the narrative include information about how the household is at risk of experiencing homelessness or currently experiencing housing instability (currently late on rent and/or has rental arrears, past due utilities, other housing instability details such as unsafe or unhealthy living conditions). *If fleeing violence, indicate in the narrative “fleeing violence.” No additional information is required.*
  
- Financial Hardship** – In the narrative include information about how the household has qualified for unemployment benefits, experienced a reduction in income, incurred significant costs, or experienced other financial hardship that threaten the household’s ability to pay the costs of the rental property when due.
  
- Rental Payment Amount** – In the narrative include the monthly rent amount.
  
- Utility Arrears** – In the narrative indicate amount of utility arrears and who they are owed to.

<b>Client Name</b>	
<b>Household ID</b>	
<b>Date</b>	

**Have you or anyone in your household applied for previous rental assistance? Y [ ] N [ ]**

**Income**

<b>Narrative (source, amount, frequency)</b>	
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**Housing Status**

<b>Narrative</b>	
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**Financial Hardship**

<b>Narrative</b>	
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**Rental Payment Amount**

*\*If using self-declaration form for rental payment amount, household must also attest that the household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. In this case, assistance may only be provided for three months at a time, and the grantee must obtain source documentation of monthly rent after three months in order to provide further assistance.*

<b>Rental Payment Amount Narrative*</b>	
<b>Attestation of Other Public Assistance</b>	<input type="checkbox"/> By checking this box, I attest that my household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation.

**Utility Arrears**

<b>Narrative</b>	
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**Signature**

<p><b>Household Signature</b> <i>(Electronic signatures allowable)</i></p>  <p><b>STAFF SIGNATURE</b></p>	<hr/>  <hr/>
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