San Pasqual Band of Mission Indians  
San Pasqual Housing & Community Development (SPH&CD)  

Emergency Rental Assistance Program Policy

I. INTRODUCTION

The primary objective of the San Pasqual Emergency Rental Assistance Program is to ensure low-income people remain stably housed as the economic fallout from the coronavirus pandemic continues. The COVID-19 relief package provides states, Tribes, and jurisdictions with flexibility in the evidence they require for applicants to prove housing instability.

Unless specific guidance is provided by the U.S. Treasury, emergency rental assistance programs should use a broad definition of housing instability to avoid creating a narrow window of eligibility that can preclude renters from eligibility. A broad definition of housing instability may include “self-certification” (if allowed under Treasury’s forthcoming guidance) of current housing-cost burden, doubling or tripling up with other households, accumulation or expectation of back rental or utility payments, or currently experiencing homelessness at the time of application. Program administrators should not require an eviction notice for eligibility, which is often too late to prevent negative consequences for the tenant.

Tribally adopted policy and procedure must be in place to enable the SPH&CD to assist households that are unable to pay rent and utilities due to the COVID-19 Pandemic. Therefore, the following procedures shall be adopted to ensure prompt monthly payments are made to the vendors, i.e., utility companies and landlords to ensure compliance with the E-RAP Policy.

II. PURPOSE AND APPLICABILITY

A. The purpose of this “Emergency Rental Assistance Program Policy” (“E-RAP Policy”) is to inform residents of established guidelines for application and processing of eligible rent and utility payments under the E-RAP program.

B. The goal of this Policy is to “keep families in their homes”, to ensure the compliance with U.S. Treasury Department E-RAP regulations, while providing for the safety and well-being of residents and promoting fairness and due process. This Policy shall apply to residents that have a lease agreements or month to month tenancy agreements. Mortgage or Contract of Sales Agreements (CSA) are not eligible.
Emergency Rental Assistance Program Policy

C. Eligible households may receive up to 12 months of assistance, plus an additional 3 months if the grantee determines the extra months are needed to ensure housing stability and grantee funds are available. The payment of existing housing-related arrears that could result in eviction of an eligible household is prioritized. Assistance must be provided to reduce an eligible household’s rental arrears before the household may receive assistance for future rent payments. Once a household’s rental arrears are reduced, grantees may only commit to providing future assistance for up to three months at a time. Households may reapply for additional assistance at the end of the three-month period if needed and the overall time limit for assistance is not exceeded. All assistance is contingent upon Grantee funding availability.

D. RE-EVALUATION

The status of an approved household’s income and hardship situation will be re-evaluated every 3 months. Households who receive assistance through this program must notify San Pasqual Housing & Community Development if they get a job, income is restored, or the hardship by the COVID-19 pandemic is resolved.

III. DEFINITIONS

A. RESIDENT: the person who has signed the lease/Rental Agreement and who, with their immediate family, resides in the unit/home.

B. FAMILY: may consist of one or more persons in the household.

C. Payment/Rent: the monthly amount owed by the resident to the Landlord as determined through the resident’s lease/Rental Agreement. The term “Rent” means the tenant’s regular payment to a landlord for the use of property, dwelling, apartment.

D. LEASE/RENTAL AGREEMENT (Lease/RA): refers to the agreement executed by a resident and the LANDLORD allowing the resident to reside in a unit, and which states the responsibilities and obligations of both parties.
E. NOTICE OF TERMINATION: refers to the notice stating a resident has breached his/her Lease/Rental Agreement.

F. PAYMENT OBLIGATIONS: refers to any money owed to the Landlord by the resident such as monthly Lease/Rent payment.

G. TERM OF ASSISTANCE: begins on March 11, 2020 the day that the President Announced the national COVID-19 Pandemic.

IV. REQUIREMENTS AND PROCEDURES

A. APPLICANT ELIGIBILITY

An “eligible household” is defined as a renter household in which at least one or more individuals meets the following criteria.

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. The Household income must not exceed 80 percent of the area median for San Diego County. Households below 50 percent of the AMI shall be prioritized.

Eligible household includes those living on and off the San Pasqual Reservation. Rental assistance provided to an eligible household should not be duplicative of any other federally funded rental assistance or utility provided to such household.

Eligible households that include an individual who has been unemployed for the 90 days prior to application for assistance and households with income at or below 50 percent of the area median income for San Diego County are to be prioritized for assistance.

Household income is determined as either the household’s total income for the CY’2020 or the household’s monthly income at the time of application. For household incomes determined using the latter method, income eligibility must be re-determined every 3 months.
B. APPLICATION PROCESS
Households will submit applications with supporting documentation to the San Pasqual Housing & Community Development Department to be reviewed and approved by the program staff.

1. Interested applicants must fill out the San Pasqual Housing Community Development Emergency Rental Assistance Program Application contained in Appendix I.

2. The checklist in Appendix II should be reviewed and the applicable documentation listed attached to your application.

3. Applicant files application with the SPH&CD department and attaches proof of hardship and items referenced on the Appendix II checklist.

4. Applicant submits proof of income, termination, reduced work hours and items referenced on the Appendix II checklist.

5. Proof of lease/rental agreement in applicant’s name, late notice, and utility bills. An eviction notice is not required for eligibility but will be considered a determining factor.

6. U.S. citizenship is not an eligibility requirement. Immigration status should not impact eligibility for emergency rental assistance. The relief package does not place restrictions on emergency rental assistance based on immigration status.

C. Residents of Federally Assisted Housing

1. Applicants receiving HUD and USDA assistance (e.g., public housing, project based rental assistance, Housing Choice Voucher, formerly called Section 8, USDA-521 rental assistance) experiencing a decline in income to immediately request an income recertification from their landlord or housing authority. An income recertification can occur when an assisted household experiences a change in income (for example, a job loss or reduced work hours) to recalculate how much the household needs to contribute toward their rent.
Emergency Rental Assistance Program Policy

Assisted households experiencing a drop in income should request an income recertification as soon as possible to reduce the amount of rent owed going forward. Renters assisted by these programs, however, may still accrue back rent while their recertification is processed. Emergency rental assistance program administrator should include flexibility for residents of federally assisted housing to access emergency rental assistance as needed. Residents of federally assisted properties whose rents are not determined directly by their household incomes (i.e., Low Income Housing Tax Credit properties) should be explicitly made eligible for emergency rental assistance. Decisions will be rendered on a case-by-case basis.

D. INELIGIBLE ACTIVITIES

1. Rental Agreements and Lease Agreements which are not in the name of the applicant are not eligible for services.

2. Utility Bills which are not in the name of the applicant are not eligible for services. However, if a parent of the adult son/daughter is listed on the account the name of the son/daughter residing in the unit must also be identified on the utility bill.

3. Rental Agreement/Lease delinquencies prior to the President’s Announcement of Covid-19 Pandemic on March 11, 2020 (account arrears) are not eligible for services.

4. It is prohibited for a Band Member to claim General Welfare reimbursement on house rental payments or utility payments made on behalf of their adult son or daughter’s unit or utility that is being funded by an approved E-RAP application. This is considered double dipping.
E. APPEAL PROCESS

Decisions of the SPH&CD department may be appealed by requesting a hearing before the San Pasqual Housing Committee and/or the San Pasqual Business Committee. Applicants must submit their grievance in writing to the SPH&CD within three business days of notification of the decision. The written appeal shall be routed to the San Pasqual Housing Committee and/or San Pasqual Business Committee. All decisions rendered are final.

Diana M. Martinez, Executive Director
San Pasqual Housing & Community Development
APPENDIX 1
SAN PASQUAL HOUSING AND COMMUNITY DEVELOPMENT
EMERGENCY RENTAL ASSISTANCE PROGRAM (E-RAP) APPLICATION

NAME

MAILING ADDRESS

PHYSICALLY ADDRESS IF DIFFERENT

CITY       STATE       ZIP CODE

CONTACT PHONE NUMBER

EMERGENCY CONTACT

NAME       PHONE

EMAIL ADDRESS

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<th>FULL NAMES(S) OF ALL HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE</th>
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<th>Gender</th>
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1. Do you qualify for unemployment or experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19? □ Yes □ No
   a. What date did this begin? ________________

2. Do you have a risk of experiencing homelessness or housing instability? □ Yes □ No
   a. Describe the reason:

3. What is your total annual family income? $__________

4. Is your income at or below 80 percent of the area median income? Yes No

5. Do you rent? □ Yes or □ No If yes what is your monthly rental fee? $__________

6. Do you own your home? □ Yes or □ No (note mortgages are not included in this program) Have you received an eviction notice? □ Yes or □ No (note in Californian cannot evict)

7. Do you live on the reservation? □ Yes or □ No?

8. Do you need utility assistance? □ Yes or □ No

9. Have you recently received rental/utility assistance from another agency or source? □ Yes or □ No

10. Are you on Housing Choice Voucher (Formerly Called Section 8)? □ Yes or □ No

11. Are you an enrolled Tribal Member or Descendant? □ Enrolled Tribal Member □ Descendant

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Please read before signing the application.
To receive services, you must qualify by meeting all eligibility requirements and program funding must be available.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. to any matter within its jurisdiction. Offenders will be prosecuted to the fullest extent of LAW.

APPLICANT CERTIFICATION:
I/We certify that the answers/Information given on this application in reference to household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of E-RAP housing and utility assistance. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. INCOMPLETE APPLICATION WILL BE RETURNED.
CONSENT:

I hereby authorize and instruct the San Pasqual Housing and Community Development Department to obtain and review my information to include credit report. I consent to allow the San Pasqual Housing and Community Development Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under the Emergency Rental Assistance Program.

My signature below also authorizes the release of account information to and from other agencies in connection with such evaluation. I understand the processing of this application will require providing my information to the San Pasqual Housing and Community Development Department.

Signature of Head of Household

Signature of Spouse/domestic partner

Family Member Over Age 18

Date

Social Security Number

Family Member Over Age 18

Date

Social Security Number

Family Member Over Age 18

Date

Social Security Number

Family Member Over Age 18

Date

Social Security Number

Family Member Over Age 18

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Social Security Number

Family Member Over Age 18

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Social Security Number

Family Member Over Age 18

Date

Social Security Number

Family Member Over Age 18
To: The San Pasqual Emergency Rental Program, (E-RAP), "Attestation"

Dear Diana Martinez and Anna Alvarado:

I was negatively impacted by the Coronavirus and this is how it affected our family:

________________________________________________________________________

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Please Note: Tribal Governments administering federal funds rely on truthful information to make informed decisions. Whoever knowingly makes any false statement shall be subject to Section 1001 of Title 18 U.S.C. and fined $5,000 under this title or imprisoned not more than five (5) years, or both. I, ____________________________, attest that, to the best of my knowledge and belief, all information provided in the attached San Pasqual ERAP application and the above referenced statement/s is true and accurate. I understand that a false declaration may disqualify me for financial assistance under the San Pasqual Emergency Rental Assistance Program, ERAP.

________________________________________________________________________

APPLICANT SIGNATURE

________________________________________________________________________

DATE

VERIFIED BY SAN PASQUAL ERAP PERSONNEL

________________________________________________________________________

DATE
CHECKLIST

WHAT YOU NEED TO ATTACH TO YOUR APPLICATION AT THE TIME OF YOUR SUBMITTAL

1. Income Verification from employment (Receipts for Cash payments or Check Stubs, for at least 2 pay cycles.)
2. Social Security Disability Benefits
3. Unemployment Benefits
4. Alimony
5. Child Support
6. TANF
7. Welfare AFDC
8. Copy of Social Security Cards for each member of the household
9. Copy of Court Documents for Guardianship and/or Adopted members of household
10. Medical Certification of Handicap Status for handicap members of household
11. Housing Choice Voucher Verification (Formerly called Section 8 Housing Assistance)
12. Rental Agreement
13. Utility Bill
14. Propane Bill
15. Wood Pallet Estimate
16. Affidavit of Homelessness

Note: Failure to attach and disclose required information will result in disqualification of your housing application.

Contact Information: For questions regarding the Emergency Rental Assistance Program contact Diana Martinez, Executive Director at (760) 651-5128 or email: dianam@sanpasqualtribe.org and Anna Alvarado, Housing Specialist at (760) 651-5130 or email: annaa@sanpasqualtribe.org.