RENO-SPARKS INDIAN COLONY
EMERGENCY RENTAL ASSISTANCE
AND
UTILITY ASSISTANCE POLICY

Objective:

The Reno Sparks Indian Colony (RSIC) is a grantee of funding from the U.S. Department of Treasury for the implementation of the Emergency Rental Assistance (ERA) Program. The RSIC Housing Department (RSICHD) is providing temporary rental assistance and/or utility assistance to Low-income Native Americans and Alaska Natives enrolled in a Federally Recognized Tribe who have experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due to the COVID-19 public health emergency. Preference for assistance will be given to RSIC members.

Eligible areas and eligible applicants for assistance under this Policy are as follows:

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>ELIGIBLE APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washoe County</td>
<td>RSIC Tribal Member &amp; Native American Enrolled in a Federally Recognized Tribe</td>
</tr>
<tr>
<td>Carson City</td>
<td>RSIC Tribal Member</td>
</tr>
<tr>
<td>Douglas County</td>
<td>RSIC Tribal Member</td>
</tr>
<tr>
<td>Lyon County</td>
<td>RSIC Tribal Member</td>
</tr>
<tr>
<td>Humboldt County</td>
<td>RSIC Tribal Member</td>
</tr>
<tr>
<td>Pershing County</td>
<td>RSIC Tribal Member</td>
</tr>
<tr>
<td>Storey County</td>
<td>RSIC Tribal Member</td>
</tr>
</tbody>
</table>

Policy:

The Reno Sparks Indian Colony (RSIC) Housing Department has responded to COVID-19 by providing temporary rental assistance and/or utility assistance to prevent homelessness or respond to individuals or families that have experienced financial hardship from the COVID-19 public health emergency. The hardship could have been one or more people within the eligible household who was not able to reach place of employment, their place of employment was closed due to the COVID-19 public health emergency, demonstrated risk of experiencing homelessness or living in an unsafe condition. Assistance will only be provided to households that are obligated to pay rent on a residential unit.

This policy is strictly limited to the Emergency Rental Assistance (ERA) program established by the U.S. Department of the Treasury under Section 501(a) of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020).

Assistance to homeowners to cover their mortgage, utility, or energy costs are not eligible for assistance under this policy nor are they eligible under the U.S. Department of Treasury Emergency Rental Assistance Program.

This policy will remain in effect until the RSIC deems it necessary to no longer provide rental or utility assistance or December 31, 2021 whichever is sooner.

Approved May 26, 2021
RSIC TC Resolution #2021-RS-46

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Purpose:

To provide temporary financial assistance to eligible individuals/families to sustain stable rental housing. The type of financial assistance may be provided are 1st month’s rent, deposit, rental fees, housing rental assistance and/or curing of housing rental payment arrears. In addition, financial assistance may be provided to pay for utility or energy costs that are in arrears. Delinquency cannot have occurred prior to March 13, 2020.

I. Conditions Governing Applications and Eligibility

A. Application and Eligibility:

In order to be eligible for Emergency Rental Assistance or Utility Assistance applicants must satisfy all of the following requirements:

1. Be a Native American or Alaskan Native enrolled in a Federally Recognized Tribe. Tribal preference will apply as determined in this policy.
2. Have income at 80% or below the Area Median Income established by the U.S. Dept. of Housing and Urban Development, which includes the current county Area Median Income, whichever is greater.
   a) Household income is to be determined by household’s income for calendar year 2020 or household's monthly income at the time of application.
   b) Attestation from a caseworker or other professional with knowledge of a household’s circumstances to certify that an applicant’s household income qualifies for assistance is acceptable.
3. Qualify as a family. A family shall be: One or more persons sharing residency whose income and resources meet the family’s needs. The family must be related by blood, marriage, or cohabitation, and have a stable family relationship;
4. Submit a copy of the 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.
5. Submit documentation from the landlord or sublessor verifying the amount of rental house payments that are in arrears, if applicable.
6. Have the ability to attain a rental lease agreement or have a rental agreement in place.
7. Be 18 years of age or older.
8. Provide all required information on all member(s) of the household and sign required forms.
9. Be an eligible individual/family by demonstrating that one or more individuals within the household have:
   a) Qualified for unemployment, or
   b) Experienced a reduction in household income, incurred significant costs, or experienced a financial hardship due, directly or indirectly to COVID-19 which will be demonstrated in writing, or
   c) Demonstrate a risk of experiencing homelessness or housing instability, or
   d) Living in unsafe living condition. A social worker or case worker will be required to provide documentation of the unsafe living conditions.
B. By applying for any assistance under this policy, the applicant certifies that neither he/she nor any household member is being provided funding from any other federally funded rental assistance program. Applicant must provide a written attestation that all information submitted is accurate and correct along with certifying they are not receiving any other assistance from another Tribe TDHE, state, local government or agency.

II. Emergency Rental Lease Payment Assistance

A. Emergency Rental Lease Payment, Lease Agreement Charges and Arrears

1. Emergency Rental Assistance may be utilized for the payment of monthly rental lease payments. Payments will be made each month for approved applicants. Payments will be made each month the applicant is eligible. If an applicant has applied for assistance to pay for rental lease payment arrears and monthly rental lease payment assistance, the arrears will be paid first.

2. Emergency Rental Assistance may be utilized for the payment of charges identified in a rental lease agreement. Eligible charges may include application processing fees, security deposits, 1st month’s rent and last month’s rent, pet deposit, etc. if required to be paid as part of the initial entry into the rental unit.

3. Emergency Rental Assistance may be utilized to pay for delinquent rental payments in order for the applicant to remain in their current rental unit. Documentation from landlord documenting arrears must be submitted to RSICHD. The rental payment arrears must be paid first prior to any payment for rental assistance. Arrears that have occurred prior to March 13, 2020 are not eligible. Late fees charged for rental house payments in arrears are also eligible.

4. The eligible applicant is required to be a party to a current rental lease. The application for rental assistance may be submitted by either an eligible applicant or by a landlord on behalf of that eligible household.

a) Eligible applicant or landlord must submit a copy of the 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. If the application is submitted by the landlord the landlord must do the following:

i. Obtain the signature of the tenant on such application, which may be documented electronically, and

ii. Provide documentation of application to the tenant, and

iii. Agree to apply any payments received under this section to satisfy the tenant’s rental obligations to the owner.

5. Eligible individuals/families will be allowed to utilize the Emergency Rental Assistance for up to 10-months or until December 31, 2021, whichever is sooner.

6. The applicant will be required to recertify every 3-months to determine continued eligibility. A new application must be submitted to determine continued eligibility.
It is the responsibility of the applicant to submit a complete application in order to reduce any delays. If the landlord has applied on behalf of applicant the landlord will be responsible for submitting the application for recertification every 3-months per Paragraph 4 above.

7. Payments will be made directly to the landlord or property management company only. Payments will not be made to the applicant or family members for any reason.

8. Applicant and Landlord understand that the RSIC is not a party to the rental lease agreement and is not liable for any payments, damages, etc.

B. Utility Assistance:

1. Utility Assistance may be utilized for payment of utility and home energy costs for up to 3-months. Payments will be made monthly for approved applicant. Utility and home energy costs are identified as electricity, gas, water & sewer, trash removal, fuel oil, propane and internet service. Energy costs such as propane may be made as a lump purchase depending on the requirement of the supplier.

2. Utility assistance may be utilized for up to 3-months of delinquent utility or home energy charges. Payments are made directly to the utility company or home energy supplier. Payments will not be made to the individual or family members for any reason.

3. All payments for utilities and home energy costs shall be supported by a bill or invoice. Utilities and home energy costs that are covered by the landlord will be treated as rent.

III. Application Requirements

A. Submittal of the ERA and Utility Assistance Applications:

1. Applicants are to submit a complete ERA and Utility Assistance application. Each applicant will be required to submit the required information as called for on the application and Section I., A. Application and Eligibility of this policy. Applicant is required to sign the application and related forms attesting to the accuracy of the data provided. The date the complete application is received will be the application date. All information provided will be confidential and will not be released to others without the written consent of the applicant.

2. If the application is incomplete the applicant will be contacted to provide the required information.

3. The date the last corrections and/or documents that are submitted to complete the application will be the application date. Any necessary corrections are to be dated and initialed by the applicant or confirmed by email confirmation of such change.
B. **Documents and Information:**

1. The following information and documents are required to be submitted with the application. The documents to be provided may be photocopies or digital photographs of documents, e-mails, or attestations from employers, landlords, caseworkers. All required documents submitted by the applicant will be date stamped and placed in the applicant file.

   a) Disclosure of Social Security Numbers. All household members are required to disclose and verify social security numbers at the time eligibility is determined and for each application submitted.

   b) Consent to obtain Wage and Claim Information. All household members over the age of 18 must sign consent forms for the purpose of obtaining wage and claim information from employers, state, federal, and wage agencies.

   c) Signed Application. Application is to be completed with all required information.

   d) Rental or Lease Agreement, if applicable.

   e) Documentation of Rental House Payment Arrears, if applicable.

   f) Utility Bills or Invoices, if applicable.

   g) Landlord Certification, if applying on behalf of eligible applicant.

   h) Tax Documents, W-2s, Paystubs, or Bank Records.

   i) Attestation from the applicant that all information included is correct, complete and applicant is not receiving similar financial assistance from another Tribe, TDHE, state, local government or agency.

   j) Documentation demonstrating the financial hardship the individual/family has experience due to the COVID-19 public health emergency.

   k) Documentation from a social worker or case worker that the individual/family are currently living in unsafe conditions

IV. **Determination of Eligibility**

A. **Eligibility Determination and Notification**

1. Documents will be reviewed and evaluated as received, for completeness, accuracy, and conclusiveness. A Housing department staff member will complete the review and sign the application certifying eligibility or ineligibility. If during the verification process it becomes evident that for one or more reasons applicants are not eligible, the verification process will be discontinued.
2. All applicants will be notified in writing of their eligibility or ineligibility.

V. Application Selection Criteria

A. Applications will be processed based on the date a complete application is received by the RSICHD. It shall be the policy of the RSICHD to give preference in the order outlined below:

1. Preferences
   a) Enrolled Members of RSIC (Card or letter).
   b) Native Americans and Alaska Natives enrolled in a federally recognized tribe (Card or letter).
   c) Unemployed for 90-days prior to application.
   d) Household income at or below 50% of Area Median income.

VI. Liability

RSIC will not be a party to any rental agreement the applicant enters into. RSIC will not be liable for any payments, damages, etc. for the rental unit that the applicant will be renting or rental unit the applicant currently occupies.

VII. Certification

By signing the required certification, applicant certifies that neither he/she nor anyone in his/her household has received rental or utility assistance from the RSIC Human Services Department, RSIC Education Department, another Tribe, TDHE, state, local government or agency for the same assistance being requested in this application.

VIII. Appeals

A. Appeals Process

1. An Applicant who has been denied assistance under this policy may submit an appeal to the ERA and Utility Assistance Committee. Appeals shall be in writing. The Applicant may choose to make a verbal presentation to the Committee to supplement their written appeal. Appeals will be considered by the Committee as soon as possible, taking into consideration the urgent nature of the assistance. The applicant has five (5) business days from the date of the denial to file an appeal.

2. The Committee shall be comprised of a member of the RSIC Housing Department staff, an RSIC Program Director or Manager, and the Tribal Administrator or his/her designee who shall be an employee of the RSIC. The Committee shall be made of up of no less than three (3) people.
3. The Committee’s decision shall be provided verbally and in writing to the Applicant within five working days. Written correspondence will be delivered to the address on the application, via email or in person.

4. The Committee’s decision shall be final and binding, with no further right to appeal.
EMERGENCY RENTAL ASSISTANCE (ERA) APPLICATION
For Assistance Provided under the US Dept. of the Treasury Act No. 116.260

Date: ____________________________

All information obtained must be accompanied by the signed Release of Information form and will remain confidential. The application instructions and check list are attached. All required information & documents must accompany the application when submitted to the RSIC Housing Department.

1. Applicant: ____________________________
   (Please Print)

2. RSIC Enrolled?  □ Yes  □ No  Tribal Enrollment #: ____________________________

3. Member of any other Federally Recognized Tribe?  □ Yes  □ No  Name of Federal Recognized Tribe: ____________________________  Tribal Enrollment #: ____________________________

4. Current Address:
   Physical Address/PO Box ____________________________  City ____________________________  State ____________________________  Zip Code ____________________________

5. Telephone #: ____________________________  Message #: ____________________________

6. List names of all persons living in Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Applicant</th>
<th>DOB</th>
<th>Age</th>
<th>Working</th>
<th>Name of School (If Attending)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(head of household)</td>
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</tbody>
</table>

7. Amount requested: $ ____________

8. Please describe the assistance you are requesting.

__________________________________________________________________________

ERA Application (Revised Form 05-26-2021)  Page 1 of 2
9. I have confirmed with my landlord, rental management company, etc. that a 3rd party check, from the RSIC, will be accepted for rental payment. (Initials)

I hereby certify all information provided is true and correct to the best of my knowledge. I understand false information shall be cause for disqualification for assistance. In addition, by signing below I am certifying that I have read and understand the RSIC Emergency Rental Assistance and Utility Assistance Policy.

Applicant Name (Print) ___________________________ Date ___________________________

Applicant Signature ___________________________

**If the application is submitted by the landlord; the landlord must do the following:
- Obtain signature of tenant on application and required forms, may be electronically
- Provide documentation of application and all forms to tenant.
- Agree to apply any payments received to satisfy the tenant’s rental obligations.

FOR OFFICE USE ONLY

☐ APPLICATION COMPLETE  ☐ INCOMPLETE - _______________

☐ ANNUAL HOUSEHOLD INCOME _______________ 80% MEDIAN INCOME _______________

☐ APPROVED  ☐ DISAPPROVED

COMMENTS: ___________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Housing Director Signature ___________________________ Date ___________________________

ERA Application (Revised Form 05-26-2021)
Authorization of Release of Information

Organization requesting Release of Information: (Full address of requestor and telephone)

Reno-Sparks Indian Colony Housing Department
9055 Eagle Canyon Drive
Sparks, NV 89441
(775) 785-1300

You are required to sign a Consent Form Authorizing: (1) The Housing Department (HD) to request verification of salary and wages from current or previous employers; (2) HD to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HD to request verification of SS and SSI benefits from the U.S. Social Security Administration including online sources; and if necessary (4) to request a copy of your income tax return from the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HD may request information from financial institutions to verify your eligibility and level of benefits to include Law Enforcement and Criminal Justice Agencies.

Who must sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination from the assisted housing program. Denial of eligibility or termination of benefits is subject to the HD’s grievance procedures or informal hearings procedures.

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends).

I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last five years when I have received assisted housing benefits.

Consent: I consent to allow Reno-Sparks Indian Colony Housing Department to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility or continued participation in the HD’s program. I understand that the HD that receives income information under this form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

- This consent form will expire 15 months after date of signature & date -

Required Signature(s):

<table>
<thead>
<tr>
<th>Head of Household</th>
<th>Date</th>
<th>Social Security Number (Head of Household)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other family member – 18 years of age or older</td>
<td>Date</td>
<td>Social Security Number (Other family member)</td>
</tr>
<tr>
<td>Other family member – 18 years of age or older</td>
<td>Date</td>
<td>Social Security Number (Other family member)</td>
</tr>
<tr>
<td>Other family member – 18 years of age or older</td>
<td>Date</td>
<td>Social Security Number (Other family member)</td>
</tr>
</tbody>
</table>
VERIFICATION OF EMPLOYMENT

The U.S. Department of Housing and Urban Development regulations require the Reno-Sparks Indian Colony Housing Department to verify employment/income of household family members for the purpose of determining the family’s eligibility for housing assistance.

Name: ___________________ Soc. Sec. #: ___________________

Address: ____________________________ Street ____________________________ City/State ________________ Zip Code ________________

Name of Employer: ____________________________ Phone: ___________________

Address of Employer: ____________________________ Street ____________________________ City/State ________________ Zip Code ________________

I hereby authorize my employer to release the requested information to the Reno-Sparks Indian Colony Housing Department regarding my employment/income status. I understand that the information will be kept confidential and will be used only for the program purpose.

Signature: ____________________________ Date: ____________________________

Applicant/Participant/Other Adult

********************** EMPLOYER TO COMPLETE **********************

Position Title: ____________________________

Date of Employment: ____________________________ Current hourly rate: $ ______

Hours per week: ______

   Hourly ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Annual ☐

   Full time ☐ Part-time ☐ Temporary ☐ On-call ☐

If no longer employed, when was last date of employment? ____________________________

CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer. Federal statutes provide severe penalties for any fraud or intentional misrepresentation.

Signature of Authorized Representative: ____________________________

Title: ____________________________ Date: ____________________________

9055 Eagle Canyon Drive • Sparks NV 89441 • Office: (775) 785-1300 • Fax: (775) 424-6004

FORM 2
STATEMENT OF NO INCOME

I, ________________________ , certify that I have no income and therefore, I submit the following statement of how I am presently living with no income:

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

Signed: ___________________________ Date: __________

Revised 7/06

9055 Eagle Canyon Drive • Sparks NV 89441 • Office: (775) 785-1300 • Fax: (775) 424-6004
FORM 4
Date____________________

RSIC  
Housing Department  
9055 Eagle Canyon Dr. 
Sparks, NV 89441

RE:    LETTER OF ATTESTATION

To Whom It May Concern;

I, __________________________ ascertain that the information I have provided is correct, complete and I nor anyone in my household are receiving similar financial assistance from another Tribe, TDHE, state, local government or agency

Sincerely,

______________________________
Signature
Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
2 Business name/disregarded entity name, if different from above
   - Individual/sole proprietor or single-member LLC
   - Corporation or S Corporation
   - Partnership
   - Limited liability company

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - Corporation or S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company
   - Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any) ▶
   - Exemption from FATCA reporting code (if any) ▶
   - Applies to accounts maintained outside the U.S. ▶

5 Address (number, street, and apt. or suite no.)
6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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 generally 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 How to get a TIN on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 TIN. See the instructions on page 3.

Sign Here ▶
Signature of U.S. person ▶
Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:
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 foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.