ROUND VALLEY
INDIAN
HOUSING AUTHORITY
P.O. Box 682, Covelo, CA 95428
707-983-6188
FAX (707) 983-8435

Emergency Housing Assistance Program

Policy

And

Procedures

For the

Round Valley Indian Housing Authority

Adopted by the

Board of Commissioners
9/24/2008

Emergency Housing Assistance

Round Valley Indian Housing Authority
Policies and Procedures

PURPOSE AND ADMINISTRATION

The Round Valley Indian Housing Authority has established an Emergency Housing Assistance Program to assist tribal members in time of dire circumstances **once a year;** unless the tribal member meets one of the exceptions within this policy.

The RVIHA will provide tribal members living on and off the reservation with assistance to obtain secure, safe, decent and adequate lodging/housing within the services areas of: Humboldt, Lake, Mendocino, Sacramento, Sonoma, Trinity, Lassen, Shasta, Plumas, Tehama, Glenn, Butte, Yuba, Nevada, Sierra, Placer, El Dorado, Sutter, Colusa, Yolo, Amador, San Joaquin, Solano, Contra Costa, Alameda, San Francisco, Marin, Napa, Modoc, Siskiyou, and Del Norte Counties. And in the event of certain circumstances beyond participants control the RVIHA will assists all counties that reside in the state of California.

The purpose of this program is to assist families on a first come first serve basis in an emergency situation or those that are homeless due to unforeseen circumstances; **it is not intended to assist individuals living in overcrowded living situations.**

GOALS AND FUNDING AVAILABILITY

The Round Valley Indian Housing Authority has designated funds in the Indian Housing Block Grant to provide eligible tribal members with Emergency Housing Assistance up to $2000.00

Funding will be based on the type of emergency and what types of damages have been incurred.

The Emergency Housing Assistance Program has established the following goals to meet the needs of tribal members:

- To provide short term or possibly longer term stability for a family in need by addressing circumstance one at a time.
- To provide a payment for the rental of medical emergency lodging, hotel/motel not to exceed $2,000.00
- To assist with the deposit, first/last month rent, not to exceed $2,000.00. The recipient family must provide income verification which supports their ability to remain in the rental housing.
- To provide assistance to pay past/current month's rent or mortgage payment, if family is being evicted or foreclosed on due to a verifiable financial emergency, to be determined by the RVIHA staff.
- To financially assist tribal members in finding a home that is both adequate for family size and composition.

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PROGRAM CATAGORIES

1. Emergency/Homeless Shelter: Assist enrolled tribal member or parent/legal guardian of a minor enrolled tribal member emergency shelter in a hotel or motel. Not to exceed $2,000.00

2. Move – In Assistance: Assist tribal members or parent/legal guardian of a minor enrolled tribal member with deposit, first and last month rent. Not to exceed $2,000.00

3. Rental/Mortgage Assistance: Assistance to pay past/current month's rent or mortgage. Not to exceed $2,000.00.

Participants in the Emergency Housing Assistance Program will be allowed up to $2,000.00 of Assistance.

This amount will be paid directly to the property owner, landlord and/or manager in a lump sum. Any portion of this lump sum payment that is held on deposit will be automatically returned to the RVIHA Emergency Housing Assistance Program when the participant vacates the premises. The amount of deposit returned by the landlord will be subtracted from the outstanding balance owed by the client. _____ Initials

If the participant vacates the premises and the deposit has not been returned to the RVIHA Emergency Housing Assistance Program. The participant/ applicant will not be eligible for any future assistance until all outstanding obligations have been satisfied. _____ Initials

If the participant/applicant vacates the premises and there is damage to the unit, the participant will be responsible to pay for those damages. The RVIHA will not be responsible for any other expenses. _____ Initials

The RVIHA will not enter into any agreement with a motel/hotel, landlord, creditor etc., which would make the RVIHA liable for the damages or to serve as a guarantor for any financial or otherwise liability on behalf of a client. _____ Initials

Exceptions to this rule will be considered on a case-by-case basis by the Housing Program Specialist and the Executive Director based on the severity of the situation and after extensive evaluation. Additional information may be requested of the participant/ applicant.

Final approval pending the RVIHA Board of Commissioners decision.

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ELIGIBILITY REQUIRMENTS

To be eligible for the Emergency Housing Assistance Program participants/applicants Must meet all of the eligibility requirements:

1. Enrolled adult member or parent/legal guardian of a minor enrolled tribal member Of the Round Valley Indian Tribes.
2. In good standing with the Round Valley Indian Housing Authority. (No outstanding debts).
3. Must not have been evicted from another dwelling for "Just Cause" either by the RVIHA or other private housing unit.
4. Must not have received a "Notice to pay or quit" within the last year.
5. Must provide foreclosure documents.
6. Able to provide verifiable documents in the case of eviction or foreclosure that it is the result of a genuine financial emergency arising from sudden loss of employment, injury, illness or other significant circumstances that is presented.
7. Minimum income required.(for medical emergency hotel shelter)
8. Income not to exceed applicable NAHASDA Guidance income limits of 80%. (See attachment)
9. Monthly rental/mortgage payments not to exceed 30% of participant/applicants monthly gross income.
10. Living within one of the RVIHA'S service areas as stated on page 1.
11. All resources have been utilized within your county service area.
12. Not eligible to participate in any Federal, State or County housing programs.
13. Participant/Applicant are responsible for providing verifiable documentation.

MINIMUM INCOME REQUIRMENTS

Applicants/participants that are applying for Emergency Medical Shelter Assistance must maintain a minimum income to qualify for assistance (at least one of the household members must be employed, or receiving a cash grant for public assistance. Examples: TANF, SSI, UIB, Veterans, etc...)

Applicants will be required to sign a Release of Information for verification purposes.

See attachment for income guidelines per county.

METHOD OF PAYMENTS

Payment arrangements will be made with the property owner, landlord or manager. The Round Valley Indian Housing Authority has determined that applicants requesting assistance can be related to the property owner/landlord or manager of a rental unit (relations include but may not be limited to mother, father, aunt, uncle, cousin, brother, sister, son, daughter, grandmother or grandfather etc..).

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DEFINED EMERGENCY SITUATIONS

- Homeless due to fire
- Homeless due to flood
- Severe Medical Emergency
- Acts of God or circumstances beyond your control

Applicant/participant must be able to provide proof of the emergency situations at the time of request. Proof may consist of but not limited to: a report from the fire department, landlord/owner, court documents, restraining order, the health department, government building inspector, or a letter from the physician.

ONCE IN A LIFE TIME

Applicant/participant will be allowed this service once in a life time. There are however certain situations that are beyond the control of the participants such as:

- Fire – Not manmade
- Flood
- Medical
- Other Acts of God or circumstances beyond your control

In the event of the above listed circumstance, the participant may be re-evaluated for the Emergency Housing Assistance Program at the discretion of the Round Valley Indian Housing Authority's staff and Executive Director. Once staff has made the determination your case will then be brought to the BOC for final approval.

PROCESS APPLICANT MUST PROVIDE

1. A complete application signed and dated.
2. A complete Intake Form.
3. Current proof of Tribal Membership/Tribal Certification
4. Proof of income for all members in the household (18 & over)
5. Statement of homeless situation. (Example: Letter from Homeless shelter, fire report, flood report)
6. Signed and dated Release of Information form.
7. Current Valid Identification Card or Driver License
8. Verified financial emergency from an authorized official.
9. Rental Agreement

Applications will be reviewed and evaluated as they are received. All incoming documents will be verified by the RVIHA staff. Applicants/participants with incomplete applications will be notified. Once this is established clients(s) will have 48 hours to respond or their application will denied.

If you have any questions or need assistance filling out the application please contact;
RVIHA at (707) 983-6188 ext. 30

Policies and Procedures
Statements of Facts
For Emergency Assistance

1. Name: _____
Last First MI Maiden

2. What was your last address? _____
P.O. Box City State Zip

Physical Address: _____
Street City State Zip

3. Explain where you are staying now: _____

_____

4. How long have you been there? _____

5. Do you pay for staying there? ___ YES ____ NO
If you checked "YES" how much do you pay? _____

6. Explain why you have no place to live. _____

_____

7. Have you applied for Emergency Assistance from any other program?
____ YES ____ NO

If you checked "YES" please explain where _____
And when _____

8. List all liquid resources you own (include cash on hand, savings or checking accounts, credit union accounts, etc.. List the value of each item:

_____

By signing this document I understand,

- This assistance is <u>once, a year,</u> unless I have a verified exception.
- There is a limit on the amount of assistance available to me $2,000.00 max.
- I am required to give my social security number to verify any source of income.
- I am homeless due to exception, If I have already received Homeless/Emergency Assistance

Signature: _____ Date: _____

Explain your living situation:

Signature: _____ Date: _____

Emergency Housing Assistance Program Policy and Procedures Approved on 9/24/2008
replaces previous policies; Homeless Assistance (Approve 7/13/07) and the Emergency Assistance (Approved 5/21/08) Programs; Revised and BOC Approved 5/12/2010; updated and BOC approved 5/11/2011),updated BOC approved 10/13/2021,updated BOC approved July 9,2025

All questions must be answered. The requested information is self-explanatory. This application is subject to the Privacy act of 1974, Pub. L. 93-579

A. APPLICATION INFORMATION

1. Name: _____
   Last First MI Maiden (if applicable

2. Current Address: _____
   P.O. Box City State Zip Code

   Physical Address: _____
   Street # City State Zip Code

3. Telephone Number: _____ 4. Date of Birth: _____

5. Tribe: _____ 6. Roll Number: _____

7. Reservation/Rancheria/Consortium: _____

8. Email: _____

9. Marital Status:

   ___ Married ____ Single ____ Widowed Other

If you checked "Other" please explain:

_____
_____

INFORMATION ABOUT SPOUSE

10. Name: _____
    Last First MI Maiden (if applicable)

11. Date of Birth: _____ 12. Tribe: _____

13. Roll Number: _____

B.FAMILY INFORMATION

14. List all other persons living in household on a permanent basis. Start with the oldest and provide: Name, Date of Birth, relationship to applicant, Tribe, and Roll Number.

Name	Date Of Birth	Social Security No.	Relationship To Applicant	Tribal Roll No.

If you need more space, use a blank sheet of paper

C. INCOME INFORMATION

15. Earned Income: Start with applicant, then list all permanent family members that have an earned income including all who are listed under sections A and B. Provide a signed copy of SF-1040 (income tax return), W-2 forms, wage stubs etc. for verification purposes.

Name	Annual Earned Income	Source of Income

If you need more space, use a blank sheet of paper

16. Total Annual Income: $ _____

17. Unearned Income: Start with applicant, then list all permanent family members, Including all who are listed under Sections A and B having an unearned income such as Social Security, retirement, disability and unemployment benefits, TANF, Veterans, child Support, alimony, royalties, per capita payments, interest etc. Provide check stubs, Statements, Individual Indian money (IIM) ledgers, etc. for verification.

Name	Annual Unearned Income	Source of Income

18. Total for Unearned Income: $ _____

19. TOTAL COMBINED ANNUAL INCOME (EARNED + UNEARNED): $ _____

_____ _____

Applicant Signature Date

Round Valley Indian Housing Authority
P.O. Box 682
Covelo, CA 95428
(707) 983-6188
Fax (707) 983-8435

And the Housing Agency/Authority (HA)

PHA requesting release of information; (**cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information (**Cross out space if none)**
(Full address, name of contact person, and date)

ROUND VALLEY INDIAN HOUSING AUTHORITY
P.O. BOX 682
COVELO, CA 95428

PHONE: 707-983-6188
FAX: 707-983-8435

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 This law is found at 42 U.S.C. 3544

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verify-cation of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensa-tion claim information from the state agency responsible for keeping that information from the state agency responsible for information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect The income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as To other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has For the purpose of determining housing assistance. The HA is also Required to protect the income information it obtains in accordance With any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or im-Proper uses of the income information that is obtained in accordance Consent form. **Private owners may not request or receive**

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities

Mutual Help Homeownership Opportunity
Section 23 and 19© leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termina-nation of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wage and unemployment compensation I have re-ceived during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and pay-ments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

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 divi-