

City of Kalamazoo (ERAP) Application Instructions and Information

Attached is an application to the Emergency Rental Assistance Program (ERAP) for the City of Kalamazoo. Due to additional funding that was awarded by the City of Kalamazoo to HRI, we'll be accepting ERAP applications from Thursday, May 11th through Friday, May 26th.

Any applications submitted after May 26th, 2023, will not be processed.

All applications must be turned in at HRI's reception desk located on the second floor of the Goodwill building at 420 E. Alcott Kalamazoo, MI 49001 or submitted by email at: ERAP@housingresourcesinc.org.

The application must be fully completed including your contact information and wet signature. Once an application is turned in an ERAP Specialist will contact you within (2) business days to schedule a program intake appointment.

At this appointment we'll have you fill out additional paperwork and we will also collect all necessary documents to process your application.

We ask that you please bring all the following documents to your appointment:

1. Copy of a notice to quit (7-day notice) or a court-ordered summons, complaint, or judgment
2. State ID (or other government-issued ID) in the tenant's name so that we may make a copy
3. Most current copy of lease agreement in tenant's name
4. Proof of earned and unearned income for household members over the age of 18 years old.
 - Household income/benefits (unemployment, SSI, etc.) for one month, OR one of the following:
 - Copy of submitted 2022 IRS form 1040 (first two pages)
 - Copy of all W-2 forms
 - 90 consecutive days of pay stubs going back from current date (this is only if you do not have a 1040 or W-2)

Note: If you have zero income, we'll have you fill out a document verifying that information at your program intake appointment.

If you have any questions, please contact us at 269-382-0287 option 2 or via email at: ERAP@housingresourcesinc.org.

City of Kalamazoo
Emergency Rental Assistance Program (ERAP)
Tenant Application



The Emergency Rental Assistance Program (ERAP) is designed to keep Michigan residents who fell behind on their rent during COVID-19 in their homes.

Who is eligible?

You may be eligible for ERAP assistance if you meet **all** the following conditions:

Please:

Print clearly.

Do NOT include original documents (send photocopies).

Applications may be submitted in person to the HRI main office at 420 E. Alcott St. Kalamazoo, MI 49001

or submit via email to ERAP@housingresourcesinc.org

For additional assistance please call 269-382-0287, option 2 or email us at ERAP@housingresourcesinc.org

1. Have received a notice to quit, a court ordered summons, complaint, or judgment for unpaid rent after March 13, 2020
2. Have a gross household income below 80% area median income (AMI):

Household Size	Maximum Income
1 person	\$48,500
2 people	\$55,400
3 people	\$62,350
4 people	\$69,250
5 people	\$74,800
6 people	\$80,350
7 people	\$85,900
8 people	\$91,450

Avoid Processing Delays:

Applications must:

- Be complete, signed and dated.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to HRI.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

3. Have experienced an eligible COVID hardship since March 13, 2020
4. A state ID (or other government issued ID) in the tenant's name (with supporting proof of residency if the address does not match the unit)
5. A lease agreement in the tenant's name
6. Rental unit must be within city of Kalamazoo limits
7. The landlord agrees to participate in the program
8. The rental unit must be city certified

Checklist: ALL DOCUMENTS MUST BE SUBMITTED FOR PROCESS

Before submitting this application for the Emergency Rental Assistance Program (ERAP), please review the following to make sure that all required information is included with the application.

- Copy of a notice to quit, a court ordered summons, complaint, or judgement
- Copy of a state ID (or other government issued ID) in the tenant's name (with supporting proof of residency if address does not match the unit)
- Most current copy of lease agreement in tenant's name
- Up to date payment ledger from landlord
- Copy of W9 form from landlord
- Provide all proof of earned and unearned income for household members that live at the property and that are over the age of 18
 - Household income/benefits (unemployment, SSI, etc.) for one month, OR
 - Copy of submitted 2022 IRS form 1040 (first two pages)
 - Food Assistance Program Notice of Case Action form (only applicable for households with 3 or less people)
- Supporting documentation for proof of COVID Hardship (only one hardship is necessary)

Type of COVID Hardship	Best Documents to Show Proof	Alternate Documents to Show Proof
A member of my household qualified for unemployment after March 13, 2020	Unemployment Monetary Determination Letter OR screen shots from unemployment website showing payments and person's name	Signed letter from applicant stating the time period they received unemployment benefits
A member of my household has had a 10% reduction in income after March 13, 2020	Signed letter from applicant outlining your original hours and pay rate and reduced hours and pay rate during the COVID outbreak	
A member of my household has incurred significant costs (over \$500) after March 13, 2020	Signed letter from applicant stating what type and amounts of increased expenses the household incurred during the COVID outbreak	
A member of my household experienced other financial hardship (over \$500) after March 13, 2020	Signed letter from applicant stating what type of financial hardship they occurred during the COVID outbreak	



Emergency Rental Assistance Program (ERAP) Tenant Application

2. Tenant Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No					

3. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming		Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	
				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member			

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				Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**Complete additional pages as needed to respond for all household members*



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4. Household (Contract Unit) Address

Address (number, street, and apt. or suite no.)	City	State	Zip Code
County			

5. Mailing Address, if different than above

Address (number, street, and apt. or suite no.)	City	State	Zip Code
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6. Contact Information

Phone Number	Contact name and number to leave messages	Email Address
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7. COVID Hardship

Please check the box/es of the situations that apply to your household.

One or more individuals in the household qualified for unemployment benefits
 Has experienced a reduction in household income
 Incurred significant costs, or experienced other financial hardship due directly or indirectly to the COVID outbreak
 None of the above

Are you at risk of homelessness or housing instability because of your past-due rent or eviction notice?

Yes
 No

8. Household Income – Does your household have any income? No Yes → Total monthly household income \$ _____

Does your household receive benefits from the Food Assistance Program (FAP)? No Yes

Please check **all** sources of income that your household received in the last 30 days (one month). **ATTACH PROOF**

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) _____ | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage, or other payment payable to a household member _____ | | |

Household Member Name*	Source of Income (include employer name, if applicable)	Rate of Pay or Payment Amount	Number of hours worked per week (if applicable)	Payment Basis (hourly, weekly, monthly, etc.)

*Complete additional pages as needed to respond for all household members



Emergency Rental Assistance Program (ERAP) Tenant Application

9. Rental Information

Number of Bedrooms in Unit	Move-in date	
Tenant Rent amount	Date of Last Payment	
Owner/Landlord Name	Number of Months in Arrears	
Landlord Phone Number	Landlord Email Address	
Are you past due or delinquent on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount past due or delinquent	Total late fees amount
Is your rent subsidized by another program such as the Housing Choice Voucher Program, Section 8, Project Based Voucher, Public Housing, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the Owner/Landlord filed for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Tenant Certification

Initials	I understand that if funded, this application only resolves the issue of rent arrears and fees owed through the date of payment of rental assistance, and that all other obligations of the Lease remain enforceable.

11. Tenant Signature

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect; fully discloses my household income from all sources; and accurately represents my/our current living circumstances. I understand providing false statements or information is grounds for denial of program assistance and potential state or federal prosecution. I authorize Housing Resources, Inc, and any of its authorized representatives to verify the information provided in this application is true and correct. I also understand that additional information might be required to move forward with this program and/or verify my eligibility for assistance.	
Tenant Signature	Date