

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM (OERAP)



Oregon Emergency Rental Assistance Program Application

If you have experienced hardship due to COVID-19 and need assistance to pay your rent or utility bills, you may be eligible for OERAP.

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

ELIGIBILITY & REQUIRED DOCUMENTATION



To be eligible, you must answer 'yes' to all of the following statements:

- I am a renter household in Oregon.
- My household meets the Program's income limits. View page 21 for a table to determine if you meet the Program's income limits.
- Have you or anyone in your household qualified for unemployment benefits, experienced a reduction in income, or experienced other financial hardships due to COVID-19?
- Are you looking for rent, internet, trash, sewage, or other utility assistance for your primary rental residence in Oregon?
- Do you have a past-due rent notice, an eviction notice, or can you demonstrate housing instability or risk of homelessness, past due utilities, and/or need assistance paying future rent or utilities?

To complete this application you will need to fill out all of the requested information, sign where indicated, obtain copies of required documents, and include both the signed application and all attachments in a postage-paid envelope or dropped off at your local Program Administrator's Office. Your application will not be processed until received. This application packet should be sent to your local Program Administrator within your county. To find out the mailing address of your local Program Administrator please review the chart on page 23.

Do not send any original documents. Your application and all attachments will not be returned to you.

Tenant Documentation Checklist

To process your application the Oregon Emergency Rental Assistance Program (OERAP) needs to collect documents to show you are eligible and your expenses can be covered.

- 1. Verify Identity**
(need **ONE** of the following)
 - State issued program ID or license
 - Passport/Birth Certificate/Social Security Card/Jail ID
 - An employment identification card
 - Certificate of marriage or license
 - Copy of a certified divorce decree
 - Copy of a certified, court-ordered maintenance award (if legal) or a notarized statement declaring separation
 - Single or Joint bank accounts, certified purchases or loans that show residential address
 - Credit report showing residence and single or joint financial activity
 - Military ID/VA Medical card/Certificate of Release or Discharge from Active Duty (DD214)
 - ODHS Benefits ledger/Social service ID
 - Letter from a non-profit or government agency attesting to applicant's identification

- 2. Verify Income**
(All household members over the age of 18 must provide **ONE** of the following)
 - IRS Tax forms such as a 2020 1099, 1040/1040A or Schedule C of 1040 showing amount earned and employment period or most recent federal income tax statements
 - A 2020 W-2 form, if you have had the same employer for at least two years and increases can be accurately projected
 - Most recent paycheck stubs (consecutive: six for weekly pay, three for bi-weekly or semi-monthly pay, two for monthly pay)

- A letter of termination from your job
- Employer-generated salary report or letter stating current annual income or Earnings statements
- Current bank statements
- Proof of application for unemployment benefits
- Proof that unemployment benefits have expired
- Self Employed - tax records, statements, or other documentation of loss of employment
- IF YOU HAVE NO INCOME: You can complete a Certification of No Income in the application

3. Verify Residence

(need **ONE** of the following that shows your address)

- State issued program ID or license
- A signed lease or written rental agreement
- Utility bill showing past or current amount due
- Credit report showing residence and single or joint financial activity
- Official letter from third party (Landlord, Government agency, financial institution, medical institution, or school)

4. Verify Rent and/or Utility Bills Due (Including Internet, garbage, water, electric, gas and bulk fuel)

- A current lease signed by the applicant and landlord or sub-lessor that identifies the unit where the applicant resides and shows the rental payment amount
- If you don't have a signed lease, proof of your rent amount may include one of the following:
 - Bank statement, check stub or other proof that shows a pattern of paying rent
 - Written confirmation by a landlord who can be verified as the actual owner or management agent of where you rent
 - Landlord Verification of Rent Due on page 26
 - If landlord refuses to sign you may also submit a Self-Verification of Rent Due on page 25
 - Other formal attempt to collect rents or notification of rents due/outstanding
- All utility bills you are claiming showing your account information and amount due

Please note: you cannot request reimbursement for expenses you have already paid

Assistance is provided on a fair and equal basis and the Oregon Emergency Rental Assistance Program does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, familial status, gender identity or sexual orientation in the provision of assistance.

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

APPLICATION



Please complete all of the following information. Once you have answered all questions, please sign and date the application and attachments.

Community Partner Code:
(if none, leave blank)

If you have questions about any of the requested information or required documentation, or to request a reasonable accommodation, please contact your local Program Administrator for assistance. Find your Program Administrator on page 23.

Are you working with a culturally-specific or other community-based organization to complete this application?

Yes No If yes, please list:

Applicant Head of Household Information:

First Name:

Last Name:

Date of Birth:

I am a renter

Social Security Number:
(not required)

Tax ID Number:
(not required)

Other ID Number:
(not required)

How can we contact you?

Phone:

Secondary Phone:

Email:

Family or friend phone
or email:

Agency or case manager
phone or email:

Primary Race/Tribal Affiliation (Please select one):

- American Indian – Alaska Native
- American Indian – Burns Paiute of Harney County
- American Indian – Central or South American Indigenous Origin
- American Indian – Confederated Tribes of Grand Ronde
- American Indian – Confederated Tribes of Siletz
- American Indian – Confederated Tribes of Umatilla
- American Indian – Confederated Tribes of Warm Springs
- American Indian – Coos, Lower Umpqua and Siuslaw
- American Indian – Coquille Indian Tribes
- American Indian – Cow Creek Band of Umpqua Indians
- American Indian – Klamath Tribes
- American Indian – Other North American Indigenous Origin / Tribal Affiliation
- American Indian – Unknown Indigenous Origin
- Asian – Asian Indian
- Asian – Chinese
- Asian – Filipino
- Asian – Japanese
- Asian – Korean
- Asian – Other (for example, Pakistani, Cambodian, or Hmong)
- Asian – Vietnamese
- Black or African American - African American (black individuals whose families have been in the country for multiple generations)
- Black or African American - Afro-Caribbean
- Black or African American - Ethiopian
- Black or African American - Other Black/African American (another origin than those listed or unknown)
- Black or African American - Somali
- Native Hawaiian or Other Pacific Islander - Chamorro
- Native Hawaiian or Other Pacific Islander - Native Hawaiian
- Native Hawaiian or Other Pacific Islander - Other Pacific Islander (for example, Tongan, Fijian, or Marshallese)
- Native Hawaiian or Other Pacific Islander - Samoan
- White - European
- White - Middle Eastern or North African
- White - Other
- White - Slavic
- Two or More Races
- Race Not Listed
- Prefer Not To Respond

Ethnicity

- Hispanic or Latino/a/x
- Hispanic or Latino/a/x - Central American
- Hispanic or Latino/a/x - Mexican
- Hispanic or Latino/a/x - South American
- Not Hispanic or Latino/a/x - Other
- Prefer Not to Respond

Gender

- Male
- Female
- Transgender Female
- Transgender Male
- Nonbinary/Non Conforming
- Not listed
- Prefer Not To Respond

Primary Language

- American Sign Language
- Cantonese
- English
- Farsi
- Filipino
- Mandarin
- Russian or other Slavic
- Spanish
- Vietnamese
- Other

Street Address:

Street Address:
Line 1

Street Address:
Line 2

City: , Oregon

Zip Code: County:

Household Information:

How many people are in your household, including all adults and children?

Select one:

- My mailing address is the same as the property address.
- My mailing address is different from the property address and is:

Street Address:
Line 1

Street Address:
Line 2

City: , Oregon

Zip Code: County:

Additional Household Members Information (names are only required for adults aged 18 and older):

Additional Household Members

First Name

Last Name

Date of Birth

Member 1:

Member 2:

Member 3:

Member 4:

Member 5:

Member 6:

Member 7:

Member 8:

CHILDREN Household Members Birth Date's Only:

Child #1 Age

Child #2 Age

Child #3 Age

Child #4 Age

Child #5 Age

Child #6 Age

Child #7 Age

Child #8 Age

Landlord Information:

Provide all information you have and your local Program Administrator will contact your landlord to verify your information.

Please note: You must provide your landlord's email.

Landlord/Property

Manager Company name:

Landlord/Property

Manager First name:

Landlord/Property

Manager Last Name:

Landlord/Property

Manager Email:

Landlord/Property

Manager phone number:

Mailing address:

Line 1

Mailing address:

Line 2

Mailing address city

Mailing address state:

Mailing address zip

Landlord Information, continued:

Contact person name:

Contact person cell phone:

Contact person work phone:

Email address:

Request for Assistance

If you are only applying for rental assistance ONLY fill out the rental assistance section. If you are only applying for utility assistance ONLY fill out the utility section of this application.

Rent Assistance

Who pays this bill? (household member name):

Number of bedrooms:

How much do you pay for rent each month before fees? (\$)

Have you received assistance from another COVID-19 rental assistance program, any local government programs, and/or Tribal programs for the same costs you are requesting today?

No Yes, but I am only asking for costs that have not been paid.

Please check the programs you have received assistance from:

City of Portland Emergency Rent Assistance

Oregon Energy Assistance Program

Clackamas County Emergency Rent Assistance

Low-Income Energy Assistance Program (LIHEAP)

Lane County Emergency Rent Assistance

Any other Federal, State or Local Assistance Programs

Marion County Emergency Rent Assistance

If so, please list:

Multnomah County Emergency Rent Assistance

Washington County Emergency Rent Assistance

On the next page you will be able to list any other assistance you have received.

Past Due Rent

For past due rent, attach a statement or ledger or fill out the following to the best of your knowledge. You may request up to 15 months of rent starting from March 13, 2020. This 15 month total may also include up to 3 months of forward rent.

Select all months where back rent and fees are owed. You may request 3 months of forward rent starting after today's date.

Past Due Rent, continued:

Month	Original Amount Due	Amount you paid <i>(if you were able to pay anything)</i>	Fees Due <i>(hotel/motel fees, pet fees, parking fees, etc.)</i>	Amount Paid by Other Program(s) <i>(if applicable)</i>	Total Amount Still Due
March 2020					
April 2020					
May 2020					
June 2020					
July 2020					
August 2020					
September 2020					
October 2020					
November 2020					
December 2020					
January 2021					
February 2021					
March 2021					
April 2021					
May 2021					
June 2021					
July 2021					
August 2021					
September 2021					
October 2021					
November 2021					
December 2021					

Total Rent Assistance Requested:

Utility Payments:

Water or Water/Sewage (if together)

Who pays this bill?

This bill is paid to: Account number:

Amount past due: Number of months past due:

Is this utility disconnected? Yes No

Sewer (if separate)

Who pays this bill?

This bill is paid to: Account number:

Amount past due: Number of months past due:

Is this utility disconnected? Yes No

Electric or Electric/Gas (if together)

Who pays this bill?

This bill is paid to: Account number:

Amount past due: Number of months past due:

Is this utility disconnected? Yes No

Gas (if separate)

Who pays this bill?

This bill is paid to: Account number:

Amount past due: Number of months past due:

Is this utility disconnected? Yes No

Trash

Who pays this bill?

This bill is paid to: Account number:

Amount past due: Number of months past due:

Is this utility disconnected? Yes No

Utility Payments, continued:

Bulk Fuels (Firewood, wood pellets, propane)

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Number of

months past due:

Is this utility disconnected?

Yes

No

Internet

You may be eligible for a one-time Internet benefit of \$300.00. You must provide a current Internet bill in the name of a member of the household at the address listed for this application. You may be eligible for this benefit only after certifying that the Internet usage is for at least one of the following purposes: (1) engage in distance learning (2) telework (3) telemedicine (4) obtain government service, or (5) job search

Who pays this bill?

This bill is paid to:

Account number:

Amount past due:

Number of

months past due:

Is this utility disconnected?

Yes

No

Please add ALL utility assistance requested:

Individual Applicant Request for Assistance and Duplication of Benefits Statement, Certification, and Subrogation Agreement

Oregon Emergency Rental Assistance Program (OERAP) provides emergency assistance with rent and utility expenses and certain other expenses related to housing incurred due, directly or indirectly, to the Covid-19 outbreak to eligible renter households in its designated award area. This program is administered by Oregon Housing and Community Services (OHCS) and is funded either directly or indirectly through the US Department of the Treasury as part of Section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (Section 501).

OHCS must implement procedures to prevent any Duplication of Benefits (DOB) as required by Section 501. With this form, an applicant for OERAP assistance 1) outlines the OERAP assistance requested; 2) identifies other duplicative assistance received or anticipated to be received; 3) states the OERAP funding request; 4) certifies the accuracy of the information; and 5) agrees to repay any awarded OERAP assistance that is duplicated.

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Additionally, if I/we receive future funding for the same purpose of the OERAP funds received, I/we will agree to repay the assistance that was duplicated. Warning: Any person who knowingly makes a false claim or statement to the U.S. Department of Treasury may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

Please refer to the total amounts requested for rental assistance on page 8 and utility assistance on page 10.

Sign Here:

Household Income and COVID-19 Hardship

What should I include as income?

You should include all sources of income that you receive, and include the amount of income that you earn before any deductions are taken for insurance, taxes, retirement, Medicare, etc. Your total (gross) income is the amount you earn before deductions are subtracted for insurance, taxes, Medicare, fees etc. Net income is how much money is left after any deductions are subtracted. For this application, please enter your gross income for ALL income types.

The following types of income are not included in income calculation:

- Earned income of minors (age 17 and under)
- One-time federal household stimulus payments
- Income of live-in health aids
- Non-cash benefits such as childcare or medical care assistance and food support
- One-time cash gifts, for example a birthday

Option 1: Use your 2020 1040 Adjusted Gross Income

This is the preferred option because using your 2020 taxes allows you to use your Adjusted Gross Income (which is less than your gross income), and you only have to certify it once. All other options require you to recertify your income every 90 days.

First and last names:

(List all household members 18 years and over)

2020 1040

(Adjusted Gross Income)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

Option 2: Report Income using other income documents (Example: 2020 1099, W2, or 60 days of pay stubs, receipts, or deposit slips). Each source of income should be entered separately in its own yellow box.

First and last names: (List all household members 18 years and over)	Source of Income: (Primary job, social security, self-employment wages, unemployment, alimony, child support, etc.)	Last 60 Days Gross Income:
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Household Income and COVID-19 Hardship, continued:

Option 2 (CONTINUED): Report Income using other income documents (Example: 2020 1099, W2, or 60 days of pay stubs, receipts, or deposit slips). Each source of income should be entered separately in its own yellow box.

First and last names: (List all household members 18 years and over)	Source of Income: (Primary job, social security, self-employment wages, unemployment, alimony, child support, etc.)	Last 60 Days Gross Income:
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Option 3: Self-certification of Zero Income

Any adult household members stating they receive no income in the last 30 days must complete a Certification of No Income on page 19.

OERAP Assistance Request Related to COVID-19 Pandemic

The OERA Program requires that since March 13, 2020, at least one member of your household either qualifies for unemployment benefits OR has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the pandemic. This means at least ONE box must be checked in either Section I. or II. below (you do not need to check one box in each).

SELF-CERTIFICATION OF (I) UNEMPLOYMENT OR (II) DECREASED INCOME AND/OR INCREASED EXPENSES:

I. Since March 13, 2020, a member of my household qualifies for unemployment benefits

Date most recently unemployed:

Applied for unemployment:

Unemployment Awarded:

Date of re-employment:

II. Since March 13, 2020, a member of my household has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly or indirectly to the pandemic. The hardship includes (check all that apply):

- Reduction in household income
- Significant cost increases
- Healthcare costs, including care at home for individuals with COVID-19
- Purchase of personal protected equipment (i.e., gloves, face masks, face shields)
- Penalties, fees, and legal costs associated with rental or utility payments owed
- Payments for rent or utilities made by credit card
- Moving costs to avoid homelessness or housing instability
- Increased childcare costs
- Internet access and computer costs required to work or attend school remotely
- Alternative transportation costs
- Forced leave from work due to school closure or childcare changes
- Other

OERAP Assistance Request Related to COVID-19 Pandemic, continued:

SELF-CERTIFICATION OF (III) RISK OF HOMELESSNESS OR HOUSING INSTABILITY:

The OERA Program requires that since March 13, 2020, at least one member of my household has experienced/can demonstrate an increased risk of homelessness or housing instability.

- III. A member of my household has experienced an increased risk of homelessness or housing instability. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020. For example, if one member of your household faced a risk or eviction or lived in an overcrowded situation between March 13, 2020 and August 1, 2020, your household would be eligible for OERAP assistance under this eligibility criteria.):

The hardship includes (check all that apply):

- Risk of eviction
- Risk of lease termination
- Living “doubled up” or in a residence that isn’t permanent for you
- Struggling to pay rent and utilities, or rent and utilities are more than your household can afford
- Relying on credit cards and/or depleting savings to pay for rent or utilities
- Struggling to pay for essentials such as food, prescription drugs, childcare, or transportation
- Displaced due to the 2020 wildfires and still in need of housing assistance
- Other

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the OERA Program and other remedies available under applicable law.

Sign Here:

Privacy Policy:

Oregon Housing and Community Services (OHCS) is committed to assuring the privacy of individuals and families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all of the information (Personal Information) you share with OHCS, both orally and in writing, will be managed in accordance with applicable state and federal laws. While your Personal Information is exempt from disclosure under Oregon's Public Records laws, ORS 192.355(24), your Personal Information will be shared when required by applicable law and to the extent needed to administer the Oregon Emergency Rental Assistance Program (OERAP). If your Personal Information is required to be disclosed with third-parties, it will only be shared if you authorize and sign the Third Party Authorization for Release of Information Tab. Please note, however, if you do not sign the Third Party Authorization for Release of Information, you will not be eligible to apply for OERAP funds. If you do sign the Authorization for Release, your Personal Information will be shared as follows:

Disclosure within OHCS: Your personal information will be shared only with those OHCS employees who have a need to know your Personal Information in order to provide you with OHCS services including, without limitation, reviewing, processing your application for Oregon Emergency Rental Assistance Program (OERAP) funds, administering the OERAP in accordance with applicable law, and counseling you about the OERAP and options relating to the Program. OHCS may also use your Personal Information in aggregate, anonymous form for the purpose of: (i) research, (ii) evaluating our OHCS services, (iii) designing future OHCS programs.

Disclosure to OHCS agents and Subcontractors: Your Personal Information will be shared with OHCS agents and subcontractors only to the extent necessary for such parties to assist OHCS with processing your OERAP application, counseling you about the OERAP and options relating to the Program, and administering the OERAP in accordance with applicable law. OHCS agents and subcontractors are bound by the same obligation of confidentiality as OHCS and shall treat and protect your Personal Information as OHCS does.

Disclosure to other governmental agencies, entities, authorities: OHCS and its agents and Subcontractors will disclose your Personal Information to other governmental agencies, entities, or authorities: (i) as necessary to comply with the administration of the OERAP (for example and without limitation, federal assistance reporting requirements), (ii) if compelled to do so by applicable law (for example, in response to a subpoena from a court or other authority of competent jurisdiction), and (iii) to ensure there is no duplication of benefits.

Disclosure to other third-parties: OHCS and its agents and Subcontractors will disclose your Personal Information to your landlord, property management company, and utility companies (including internet providers) only to the extent necessary to verify and process your application. OHCS will disclose your Personal Information to other third parties if compelled to do so by applicable law (for example, in response to a subpoena from a court or other authority of competent jurisdiction). In addition to limiting the disclosure of your Personal Information as described above, OHCS computer systems, networks, and its third-party application service providers employ physical, electronic, and procedural safeguards that comply with applicable federal and state laws that have been enacted or adopted for the purpose of protecting your Personal Information from being disclosed to unauthorized parties.

Sign Here:

Read each statement and sign to agree at the bottom of the form for each household member:

1. Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need for assistance.
2. I/we understand and acknowledge that OHCS and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.
3. I/we understand that if I/we have engaged in fraud or misrepresented any fact(s) in connection with this OERAP Affidavit, or if I/we do not provide all of the required documentation, that OHCS may seek additional information for verify accuracy and/or I may be disqualified for assistance.
4. I/we understand that the OERAP funds are not intended to duplicate any other funds I/we have received for the same expenses, and I/we certify that I/we have not received duplicate benefits from any other source for the funding I/we are requesting in this OERAP application.
5. I/we understand that OHCS and/or its agents will use this information to evaluate my/our eligibility for assistance, but OHCS and its agents are not obligated to offer me/us assistance based solely on the representations in this affidavit.
6. I/we understand that OERAP assistance is only available for primary residences, and I/we hereby confirm that the address listed in my/our application is our primary residence.

Privacy and protection of personal information:

1. I understand that the submission of an application does not guarantee OERAP assistance.
2. I hereby authorize OHCS and its employees and agents to discuss, share, release and otherwise provide information about my rental history, utility payment status, employment, and financial and rent situation as it is necessary to seek solutions to my housing and/or utility problem, and as necessary to prevent a duplication of benefits.
3. I understand that this information will be treated as confidential and that access to this information will be limited to those who are directly involved in assisting with my application.
4. I understand OHCS may provide certain information not covered under applicable privacy laws to be reported to the United States Department of the Treasury or its successors or assigns for limited reporting purposes related to federal housing programs.
5. I consent to being contacted concerning this request for rental assistance at any mobile telephone number or address I have provided. This includes email addresses, text messages, and telephone calls to my mobile telephone.

Application process:

1. I understand that I do not automatically qualify for OERAP assistance by submitting an application or any additional forms or documents requested by OHCS, their assignees or agents.
2. I understand that this is only an application for assistance and that the OHCS and its agents or its assignees will consider additional factors in reviewing my application.
3. I understand that my application may not meet applicable criteria and that I will be notified in writing via mail, email, or through the online application, of my application's acceptance or denial.
4. I certify that I am willing to provide all requested documents and to respond to all communications from OHCS and its partners in a timely manner.
5. I authorize OHCS, its agents, and its assignees to review and verify information contained in my OERAP application at any time.
6. I understand that I may be audited by OHCS or its assignees and agree to provide requested documents in a timely manner or risk termination or repayment of my assistance.
7. I agree to provide OHCS immediate notice if I move before the last day of the month for which I have received OERAP assistance for future rent. In such case, the party receiving the prospective rent (either me or the landlord) will be responsible for repaying all or a portion of the prospective rent.
8. Applicant acknowledges that if OHCS or any of its partners determine that any information submitted by the applicant is incorrect or inaccurate, the information may be adjusted by OHCS or its partners.

Affidavit Statements, continued:

Fraud:

1. I have described my current financial condition, and certify that all information presented herein, as well as attachments are true, accurate, and correct to the best of my knowledge.
2. I understand that false or misleading information will affect my ability to receive assistance and may be grounds for rejection of my application or termination of assistance I may receive.
3. I understand that false or misleading information may result in a request for immediate repayment of any assistance that I receive.
4. I/we also understand that knowingly submitting false information may violate Federal law.

Sign Here:

Disclaimer/Limitation of Liability:

You agree to defend, indemnify and hold harmless OHCS and its assignees ("Agency") and its affiliates, subsidiaries, agents, and their respective officers, directors, employees, and agents from and against all claims, liabilities, costs, and expenses arising under any representation or warranty made by the Agency; your failure to comply with the Terms and Conditions', your negligence, actions, or omissions; your violation or alleged violation of the rights of a third party. Under no circumstances will OHCS or its assignees be liable for any lost profits, lost opportunity or any direct, consequential, incidental, special, punitive, or exemplary damages arising out of your use of or inability to use OHCS site or its services or programs, even if the OHCS has been apprised of the likelihood of such damages occurring and regardless of the form of action, whether in contract, warranty, tort (including negligence), strict liability, or otherwise. This includes any damages or losses based on any statement, representation, negligence, action, or omission by any housing counselor or their employees or their agents.

Sign Here:

Third Party to Contact Servicer or Property Management Company:

The Applicant and any co-applicants and residents 18 years and older (if any) named below (individually and collectively, "Borrower Applicant") authorize all Third Party vendors present on this application; and the Third Parties assisting OHCS in the review of the OERAP applications (Individually and collectively, "Third Party") to share, release, discuss, and otherwise provide to and with each other public and non-public personal information contained in or related to the lease, utilities, and/or the OERAP application of the Applicant.

Sign Here:

Certification of No Income:

Adult Household Member Name(s) for those certifying no income:

Within the last 30 days, did you receive income from any of the following sources?

- Wages, salaries, tips, bonus, commissions, etc.
- Severance pay
- Worker's compensation
- Interest/dividends from assets, including bank accounts
- Net income from the operation of a business or profession
- Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, or online sales
- Unemployment benefits
- Social Security or Supplemental Social Security Income (SSI)
- Annuities, pensions, or retirement funds (i.e. IRA, 401K)
- Insurance policies, disability, death benefits, or similar types of periodic receipts
- Alimony or child support
- Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations such as GoFundMe or through a local bank)
- Temporary Assistance for Needy Families (TANF)
- All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)
- Any other source (if yes, explain)

Certification of No Income, continued:

If you have entered 'no' for all of the questions on the previous page, the household members indicated may certify by signing below that they have no income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the OERA Program and other remedies available under applicable law. I also give the OHCS and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Household member 1:

Sign here:

Household member 2:

Sign here:

Household member 3:

Sign here:

Household member 4:

Sign here:

Household member 5:

Sign here:

Household member 6:

Sign here:

Household member 7:

Sign here:

Household member 8:

Sign here:

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

ATTACHMENT CHECKLIST



Please include a copy of any and all documents that support your application for assistance.
Do not send original documents as they will not be returned to you.

1. Verify Identity

(need **ONE** of the following)

- State issued program ID or license
- Passport/Birth Certificate/Social Security Card/Jail ID
- An employment identification card
- Certificate of marriage or license
- Copy of a certified divorce decree
- Copy of a certified, court-ordered maintenance award (if legal) or a notarized statement declaring separation
- Single or Joint bank accounts, certified purchases or loans that show residential address
- Credit report showing residence and single or joint financial activity
- Military ID/VA Medical card/Certificate of Release or Discharge from Active Duty (DD214)
- ODHS Benefits ledger/Social service ID
- Letter from a non-profit or government agency attesting to applicant's identification

2. Verify Income

(All household members over the age of 18 must provide **ONE** of the following)

- IRS Tax forms such as a 2020 1099, 1040/1040A or Schedule C of 1040 showing amount earned and employment period or most recent federal income tax statements
- A 2020 W-2 form, if you have had the same employer for at least two years and increases can be accurately projected
- Most recent paycheck stubs (consecutive: six for weekly pay, three for bi-weekly or semi-monthly pay, two for monthly pay)
- A letter of termination from your job
- Employer-generated salary report or letter stating current annual income or Earnings statements
- Current bank statements
- Proof of application for unemployment benefits
- Proof that unemployment benefits have expired
- Self Employed - tax records, statements, or other documentation of loss of employment
- IF YOU HAVE NO INCOME: You can complete a Certification of No Income in the application

3. Verify Residence

(need **ONE** of the following that shows your address)

- State issued program ID or license
- A signed lease or written rental agreement
- Utility bill showing past or current amount due
- Credit report showing residence and single or joint financial activity
- Official letter from third party (Landlord, Government agency, financial institution, medical institution, or school)

4. Verify Rent and/or Utility Bills Due (Including Internet, garbage, water, electric, gas and bulk fuel)

- A current lease signed by the applicant and landlord or sub-lessor that identifies the unit where the applicant resides and shows the rental payment amount
- If you don't have a signed lease, proof of your rent amount may include one of the following:
 - Bank statement, check stub or other proof that shows a pattern of paying rent
 - Written confirmation by a landlord who can be verified as the actual owner or management agent of where you rent
 - Landlord Verification of Rent Due on page 26
 - If landlord refuses to sign you may also submit a Self-Verification of Rent Due on page 25
 - Other formal attempt to collect rents or notification of rents due/outstanding
- All utility bills you are claiming showing your account information and amount due

Please note: you cannot request reimbursement for expenses you have already paid

Note: There are alternative options for documentation of application requirements for those that cannot produce some or all of these materials; please proceed with the application if you are eligible.

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

AREA MEDIAN INCOME CHART



To receive Oregon Emergency Rental Assistance, your household income may not exceed 80% of the Area Median Income (AMI) for the area in which your household is located. Please review the table below to find your county and household size to see what the income limit is in your area.

For example: A household of 2 people living in Clackamas County must make less than \$61,900 to be eligible for OERAP assistance.

County	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Baker County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Benton County	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800
Clackamas County	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150
Clatsop County	\$40,850	\$46,650	\$52,500	\$58,300	\$63,000	\$67,650	\$72,300	\$77,000
Columbia County	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150
Coos County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Crook County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Curry County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Deschutes County	\$45,050	\$51,450	\$57,900	\$64,300	\$69,450	\$74,600	\$79,750	\$84,900
Douglas County	\$36,750	\$42,000	\$47,250	\$52,500	\$56,700	\$60,900	\$65,100	\$69,300
Gilliam County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Grant County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Harney County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Hood River County	\$42,150	\$48,150	\$54,150	\$60,150	\$65,000	\$69,800	\$74,600	\$79,400
Jackson County	\$38,300	\$43,750	\$49,200	\$54,650	\$59,050	\$63,400	\$67,800	\$72,150
Jefferson County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Josephine County	\$36,450	\$41,650	\$46,850	\$52,050	\$56,250	\$60,400	\$64,550	\$68,750
Klamath County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Lake County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Lane County	\$39,900	\$45,600	\$51,300	\$56,950	\$61,550	\$66,100	\$70,650	\$75,200
Lincoln County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Linn County	\$37,650	\$43,000	\$48,400	\$53,750	\$58,050	\$62,350	\$66,650	\$70,950
Malheur County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Marion County	\$39,600	\$45,250	\$50,900	\$56,550	\$61,100	\$65,600	\$70,150	\$74,650
Morrow County	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300	\$69,500
Multnomah County	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150
Polk County	\$39,600	\$45,250	\$50,900	\$56,550	\$61,100	\$65,600	\$70,150	\$74,650
Sherman County	\$37,600	\$43,000	\$48,350	\$53,700	\$58,000	\$62,300	\$66,600	\$70,900
Tillamook County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Umatilla County	\$38,400	\$43,850	\$49,350	\$54,800	\$59,200	\$63,600	\$68,000	\$72,350
Union County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Wallowa County	\$36,900	\$42,150	\$47,400	\$52,650	\$56,900	\$61,100	\$65,300	\$69,500
Wasco County	\$38,400	\$43,850	\$49,350	\$54,800	\$59,200	\$63,600	\$68,000	\$72,350
Washington County	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150
Wheeler County	\$36,050	\$41,200	\$46,350	\$51,500	\$55,650	\$59,750	\$63,900	\$68,000
Yamhill County	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150

For more information review the Department of Housing and Urban Development's [Income Limits](#)

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

CONTACT INFORMATION FOR LOCAL PARTNERS



The Oregon Emergency Rental Assistance Program (OERAP) is funded by OHCS and is provided through local Program Administrators. Each has received funding to distribute within their service regions. You can find a list of providers and information on how to access these funds below.

County	Contact Information
Baker	Community Connection of NE Oregon (CCNO) https://ccno.org/ 541-523-6591 2810 Cedar Street, Baker City, OR 97814
Benton	Community Services Consortium (CSC) https://communityservices.us/rentrelief-application/ 541-704-7506 250 Broadalbin St. SW, Suite 2A, Albany, OR 97321
Clackamas	Clackamas County Social Services Division (CCSSD) https://www.clackamas.us/communitydevelopment/cha 503-655-8575 2051 Kaen Rd. unit 135 Oregon City, Or 97045
Clatsop	Community Action Team (CAT) https://ccaservices.org/ 503-325-1400 364 9th St., Clatsop, OR 97146
Columbia	Community Action Team (CAT) https://www.cat-team.org/ 503-397-3511 125 N. 17th St., Saint Helens, OR 97051
Coos	Oregon Coast Community Action (ORCCA) https://www.orcca.us 541-435-7080 (ext 370) 1855 Thomas Ave Coos Bay, OR 97420
Crook	NeighborImpact (NI) https://www.neighborimpact.org/covid-rent-relief/ 541-323-0222 1855 Thomas Ave Coos Bay, OR 97420
Curry	Oregon Coast Community Action (ORCCA) https://www.orcca.us 541-435-7080 (ext 370) 1855 Thomas Ave Coos Bay, OR 97420
Deschutes	NeighborImpact (NI) https://www.neighborimpact.org/covid-rent-relief/ 541-323-0222 NeighborImpact, 2303 SW First St., Redmond, OR 97756
Douglas	United Community Action Network (UCAN) https://www.ucancap.org/index.php/additional-help 541-672-3524 280 Kenneth Ford Drive, Roseburg, OR 97470
Gilliam	Community Action Program of East Central Oregon (CAPECO) https://www.capeco-works.org/housing.html 541-276-1926 721 SE 3rd St, Suite D, Pendleton, OR 97801
Grant	Community Connection of NE Oregon (CCNO) https://www.ccno.org 541-575-2949 142 NE Dayton, John Day, OR 97850
Harney	Communities in Action (CinA) https://www.communityinaction.info 541-889-9555 915 SW 3rd Ave, Ontario, OR 97914
Hood River	Mid-Columbia Housing Authority (MCHA) https://www.mid-columbiahousingauthority.org/covid-19-resources-2/ 541-296-5462 500 E 2nd St. The Dalles, OR 97058
Jackson	ACCESS https://www.accesshelps.org 541-414-0319 3630 Aviation Way Medford, OR 97504
Jefferson	NeighborImpact (NI) https://www.neighborimpact.org/covid-rent-relief/ 541-323-0222 NeighborImpact, 2303 SW First St., Redmond, OR 97756
Josephine	United Community Action Network (UCAN) https://www.ucancap.org/index.php/additional-help 541-672-3524 280 Kenneth Ford Drive, Roseburg, OR 97470

OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

CONTACT INFORMATION FOR LOCAL PARTNERS



County	Contact Information
Klamath	Klamath and Lake Community Action Services (KLCAS) http://www.klcas.org 541-882-3500 535 Market Street, Klamath Falls, OR 97601
Lake	Klamath and Lake Community Action Services (KLCAS) http://www.klcas.org 541-882-3500 535 Market Street, Klamath Falls, OR 97601
Lane	Lane County Human Services Division (LCHSD) http://www.lanecounty.org/rent 541-682-3776 151 W. 7th Ave Suite 560, Eugene OR 97401
Lincoln	Community Services Consortium (CSC) https://communityservices.us/rentrelief-application/ 541-704-7506 250 Broadalbin St. SW, Suite 2A, Albany, OR 97321
Linn	Community Services Consortium (CSC) https://communityservices.us/rentrelief-application/ 541-704-7506 250 Broadalbin St. SW, Suite 2A, Albany, OR 97321
Malheur	Communities in Action (CinA) https://www.communityinaction.info 541-889-9555 915 SW 3rd Ave, Ontario, OR 97914
Marion	Mid-Willamette Valley Community Action Agency (MWVCAA) https://mwvcaa.org/programs/the-arches-project/covid-rent-relief/ 503-399-9080 - Dial 1 ARCHES Project, 615 Commercial Street NE, Salem OR 97301
Morrow	Community Action Program of East Central Oregon (CAPECO) https://www.capeco-works.org/housing.html 541-276-1926 721 SE 3rd St, Suite D, Pendleton, OR 97801
Multnomah	CALL: 211 or 1-866-698-6155 (Language interpreters available by phone) TTY: dial 711 and call 503-988-0466 TEXT: your zip code to 898211 (TXT211) (text/email in English and Spanish) https://multco.us/multnomah-county/covid-19-rent-assistance-and-housing-stability-resources 209 SW 4th Avenue, Suite 200 Portland, OR 97204
Polk	Mid-Willamette Valley Community Action Agency (MWVCAA) https://mwvcaa.org/programs/the-arches-project/covid-rent-relief/ 503-399-9080 - Dial 1 ARCHES Project, 615 Commercial Street NE, Salem OR 97301
Sherman	Mid-Columbia Housing Authority (MCHA) 500 E 2nd St. The Dalles, OR 97058 https://www.mid-columbiahousingauthority.org/covid-19-resources-2/ 541-296-5462
Tillamook	Community Action Team (CAT) careinc.org 503-842-5261 2310 1st St., Ste 2, Tillamook, OR 97141
Umatilla	Community Action Program of East Central Oregon (CAPECO) https://www.capeco-works.org/housing.html 541-276-1926 721 SE 3rd St, Suite D, Pendleton, OR 97801
Union	Community Connection of NE Oregon (CCNO) https://www.ccno.org 541-963-7532 1504 N Albany St, La Grande, OR 97850
Wallowa	Community Connection of NE Oregon (CCNO) https://www.ccno.org 541-426-3840 702 NW 1st St, Enterprise, OR 97828
Wasco	Mid-Columbia Housing Authority (MCHA) 500 E 2nd St. The Dalles, OR 97058 https://www.mid-columbiahousingauthority.org/covid-19-resources-2/ 541-296-5462
Washington	Community Action Organization (CAO) 1001 SW Baseline St. Hillsboro, OR 97123 https://caowash.org/programs/housing-stability/renter-support.html 503-615-0770
Wheeler	Community Action Program of East Central Oregon (CAPECO) https://www.capeco-works.org/housing.html 541-276-1926 721 SE 3rd St, Suite D, Pendleton, OR 97801
Yamhill	Yamhill Community Action Partnership (YCAP) YCAP, P.O. Box 621, McMinnville, OR 97128 https://www.anydooryamhill.org 503-687-1494



Self-Verification of Landlord/Tenant Relationship and Rent Owed

(if no written lease AND landlord cannot or will not sign Verification of Landlord/Tenant Relationship)

Applicant's Name: _____

Rental Property Address: _____

Landlord's Name (name where rent is sent): _____

Landlord's Address: _____

Landlord's Phone: _____ Landlord's Email: _____

Landlord is the management company authorized to manage the property? Yes No Unknown

Applicant Move-in Date: _____ Expiration of Tenancy (if any, not required): _____

Monthly Rent Payment: _____ Rent Past Due: _____

Are any utilities included in the rent payment? Yes No If yes, please list:

I understand that I may need to provide additional information or answer additional questions because I am not able to produce a written lease or a Verification of Landlord/Tenant Relationship and Rent Owed with a signature from my landlord.

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through the Oregon Emergency Rental Assistance Program (OERAP), or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Applicant Printed Name of Applicant Date



Verification of Landlord/Tenant Relationship and Rent Owed (if no written lease)

Applicant's Name: _____

Rental Property Address: _____

Landlord's Name (name where rent is sent): _____

Landlord's Address: _____

Landlord's Phone: _____ Landlord's Email: _____

Landlord is the management company authorized to manage the property? Yes No Unknown

Applicant Move-in Date: _____ Expiration of Tenancy (if any, not required): _____

Monthly Rent Payment: _____ Rent Past Due: _____

Are any utilities included in the rent payment? Yes No If yes, please list:

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through the Oregon Emergency Rental Assistance Program (OERAP), or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Applicant

Printed Name of Applicant

Date

I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in denial of the application, repayment of any funds received through the OERAP, or other remedies available under law, including but not limited to liabilities and penalties under the Oregon False Claims Act.

Signature of Landlord

Printed Name of Landlord

Date