



**City of La Habra  
Emergency Rental Assistance Program Application**



Applicant Last Name: \_\_\_\_\_ Applicant First Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Applications shall be mailed or hand delivered to the following address. Hand delivered applications can be submitted Monday to Thursday from 8:00am – 5:00pm in a sealed envelope to:

City of La Habra Community Development Department  
Attn: Emergency Rental Assistance Program  
110 East La Habra Boulevard  
La Habra, CA 90631

The City of La Habra is not responsible for lost, damaged, or delayed mail. The City recommends all applications be hand delivered to ensure receipt by the City of La Habra.

Incomplete applications will not be considered.

Applicant name must be consistent throughout the application. This checklist is provided to assist you in ensuring that your application submission is complete. Please provide all of the following:

**THIS CHECKLIST MUST BE SUBMITTED AS PART OF THE APPLICATION**

**Application package must include the following completed forms and attachments:**

- City of La Habra Application Form
- Low- or Moderate-Income Documentation (Attachment A)
- Information for Government Reporting (Attachment B)

**Supporting documentation required includes:**

- Copy of current lease (**If person impacted by COVID-19 is not included on lease; applicant must provide adequate documentation showing that the person has been living in the property since March 1, 2020**)
- Copy of State Identification Card or Driver’s license for all persons over 18 including documentation of all full-time students over the age of 18 (such as Proof of Enrollment from Registrar)
- Copy of birth certificate for all household members under the age of 18
- Most recent Federal income tax return (Form 1040 or Form 1040EZ) for all family members over the age of 18
- Current month bank statement(s) for all family members over the age of 18, **include all pages of bank statement**





- Documentation of impact of COVID-19 pandemic on household during the eligible pandemic period (March 1, 2020 to present), such as:
  - Copy of family member(s) notification of job loss/termination from employer during the eligible pandemic period
  - Copy of family member(s) notification of furlough from employer during the eligible pandemic period
  - Copy of family member(s) notification or employer signed statement confirming reduction in hours and/or pay during the eligible pandemic period
  - Copy of family member(s) application during the eligible pandemic period and/or approval for Unemployment Insurance benefits
  - A notarized affidavit signed that includes the name of the family member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 1, 2020 to present)
  - Being unemployed due to COVID-19 does not automatically qualify you for assistance.
  - Other appropriate documentation acceptable to the City
  
- If requesting assistance for arrears, documentation from the landlord such as a 30-day notice to quit or vacate showing total balance due and for which months arrears assistance is being requested. If arrears assistance is requested for October, tenants will need to provide supplemental information as required by the City.

*(no original documents should be submitted as the City will maintain copies of all documents)*

**Monthly rental assistance is provided for a period of up to 3 consecutive months through direct payment to a bona fide landlord, property management agent or company on behalf of the applicant.**

**Incomplete applications will not be considered for assistance. Completion of this application is not a guarantee of rental assistance from the City of La Habra. A complete application will have all supporting documentation attached at time of submission.**

If you have questions while preparing the application, you may contact Susan Louie (slouie@lahabracity.gov) or via phone at (562) 383-4108.





APPLICANT									
NAME							AGE		
Last				First		Middle			
CURRENT RESIDENCE ADDRESS			STREET						
			CITY/STATE				ZIP		
TYPE OF HOME	<input type="checkbox"/> APARTMENT / TOWN HOME			<input type="checkbox"/> MOBILE HOME		<input type="checkbox"/> SINGLE FAMILY RESIDENCE			<input type="checkbox"/> OTHER
HOME PHONE	( )		WORK PHONE				( )		
CELL PHONE	( )		EMAIL						
PREVIOUS ADDRESS			STREET						
(If less than 3 years at above address)			CITY/STATE				ZIP		
SOCIAL SECURITY NUMBER				DATE OF BIRTH					
DRIVERS LICENSE NUMBER				STATE					
MARITAL STATUS	<input type="checkbox"/> SINGLE			<input type="checkbox"/> MARRIED		<input type="checkbox"/> DIVORCED			<input type="checkbox"/> WIDOWED

CO-APPLICANT									
NAME							AGE		
Last				First		Middle			
CURRENT RESIDENCE ADDRESS			STREET						
			CITY/STATE				ZIP		
TYPE OF HOME	<input type="checkbox"/> APARTMENT / TOWN HOME			<input type="checkbox"/> MOBILE HOME		<input type="checkbox"/> SINGLE FAMILY RESIDENCE			<input type="checkbox"/> OTHER
HOME PHONE	( )		WORK PHONE				( )		
CELL PHONE	( )		EMAIL						
PREVIOUS ADDRESS			STREET						
(If less than 3 years at above address)			CITY/STATE				ZIP		
SOCIAL SECURITY NUMBER				DATE OF BIRTH					
DRIVERS LICENSE NUMBER				STATE					
MARITAL STATUS	<input type="checkbox"/> SINGLE			<input type="checkbox"/> MARRIED		<input type="checkbox"/> DIVORCED			<input type="checkbox"/> WIDOWED

REQUESTED MONTHS FOR RENTAL ASSISTANCE (Maximum of 3 consecutive months)	
<i>Tenants are responsible for all rent until agreement is executed with the City of La Habra for mutually determined months of assistance. The City will only provide two months of past rent assistance.</i>	
Past Month Rent Requested (Arrears) (3/2020 – 10/2020)	_____ (Month) _____ (\$) _____ (Month) _____ (\$)
Current/ Future Rent Requested (11/2020 – 1/2021)	_____ (Month) _____ (\$) _____ (Month) _____ (\$) _____ (Month) _____ (\$)





List the head of your household and all members, including those under 18 years of age, who live in your home at the time of application, including applicant and co-applicant. Provide each member's relationship to the head.

Household Member	Full Name	Relationship	Age
Applicant		Self	
2			
3			
4			
5			
6			
7			
8			

**EMPLOYMENT DATA—APPLICANT**

EMPLOYER NAME			MONTHLY GROSS INCOME	\$
ADDRESS	CITY/STATE		ZIP	
DATES EMPLOYED FROM ___/___ TO ___/___ MO/YR MO/YR	OCCUPATION	EMPLOYER PHONE	( )	
(If with present employer less than 2 years)				
PREVIOUS EMPLOYER NAME			MONTHLY GROSS INCOME	\$
ADDRESS	CITY/STATE		ZIP	
DATES EMPLOYED FROM ___/___ TO ___/___ MO/YR MO/YR	OCCUPATION	EMPLOYER PHONE	( )	

**EMPLOYMENT DATA—CO-APPLICANT**

EMPLOYER NAME			MONTHLY GROSS INCOME	\$
ADDRESS	CITY/STATE		ZIP	
DATES EMPLOYED FROM ___/___ TO ___/___ MO/YR MO/YR	OCCUPATION	EMPLOYER PHONE	( )	
(If with present employer less than 2 years)				
PREVIOUS EMPLOYER NAME			MONTHLY GROSS INCOME	\$
ADDRESS	CITY/STATE		ZIP	
DATES EMPLOYED FROM ___/___ TO ___/___ MO/YR MO/YR	OCCUPATION	EMPLOYER PHONE	( )	





## CERTIFICATIONS

### IMPORTANT—READ BEFORE SIGNING

Duplication of Benefits Certification: I/We certify under penalty of perjury, under the laws of the State of California, that I/we are not able to receive, and have not received, other federal or non-federal benefits or assistance for rent assistance for the period of rental assistance that will be provided through the Emergency Rental Assistance Program. Applicant further certifies that I/We will not pursue other federal or non-federal benefits for the same uses of this grant program for rent costs for the period of rental assistance provided through the Emergency Rental Assistance Program.

I/We declare under penalty of perjury, under the laws of the State of California, that all of the information provided in any statement, document or application made by me/us in connection with my/our application for the Emergency Rental Assistance Program is true and correct to the best of my/our knowledge, information and belief.

I/We acknowledge that a material misstatement or omission made by me/us in any statement, document or application by me/us in connection with my/our application for the Emergency Rental Assistance Program will be grounds (at the discretion of the City) for immediate revocation by the City of the assistance made to me/us in conjunction with the Emergency Rental Assistance Program and will result in the immediate demand for repayment of all amounts disbursed by City for rent on my/our behalf.

In addition, I/we hereby acknowledge and understand that any false pretense, including any false statement or representation; or the fraudulent use of any instrument, facility, article, or other valuable item or service pursuant to my/our participation in any program administered by the City, may be subject to both civil and criminal prosecution and immediate disqualification from the City’s Emergency Rental Assistance Program.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**I/We certify that I/we have read and understood the provisions in this document and that I/we wish to proceed with the application for the City’s Emergency Rental Assistance Program.**

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
----------------------	-------	-------------------------	-------

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**





## CERTIFICATIONS

---

The Emergency Rental Assistance Program shall be implemented consistent with the City's commitment to State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG-CV program funds on the basis of their disability, family status, national origin, race, color, religion, sex, marital status, medical condition, ancestry, source of income, age, sexual orientation, gender identity, gender expression, genetic information, or other arbitrary discrimination.

The City of La Habra will make all attempts to provide reasonable accommodations and/ or modifications, or provide language assistance to individuals requesting such assistance to benefit from the services provided by the Emergency Rental Assistance Program.

I/We have read and understand the Anti-Discrimination Statement written above.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
----------------------	-------	-------------------------	-------

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	





**ATTACHMENT A: INCOME CERTIFICATION AND DOCUMENTATION**

For low- and moderate-income families demonstrating a COVID-19 impact such as job loss, termination, furlough, reduced hours, or reduced pay, grants are available up to a maximum of \$9,000 per family to pay for up to three (3) consecutive months of rent (including two months of rental arrears). Applicants' current annual income shall not exceed the low- and moderate-income limit, adjusted by family size.

**Current Annual Family Income: \$\_\_\_\_\_**

**Circle your family size:**

# of People in Family	1	2	3	4	5	6	7	8
Max. Family Income	\$71,150	\$82,000	\$92,250	\$102,450	\$110,650	\$118,850	\$127,050	\$135,250

*\*80% Area Median Income for Santa Ana/Anaheim/Irvine MSA (effective July 1, 2020)*

I/We certify that the family size and annual family income listed above are accurate. I/We have completed the Income Documentation worksheet and provided copies of all required supporting documentation.

Applicant Signature:	Date:	Co-Applicant Signature:	Date:
----------------------	-------	-------------------------	-------

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

Other Family Member Over Age 18 Signature:	Date:	Other Family Member Over Age 18 Signature:	Date:
Name (Please Print):		Name (Please Print):	

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.





## INCOME DOCUMENTATION FORM

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination.

1. List all family members and address below
2. Complete monthly income worksheet summarizing gross monthly income for all family members over the age of 18
3. Provide copies of all necessary supporting documentation
4. All adult beneficiary members must sign certification form

The City requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table 1.

### **DEFINITION OF INCOME:**

For this program, the City is using the Part 5 definition of income. Income excluded from this definition is summarized in Table 2.

### **Beneficiary Information**

**Last Name:**

### **Member Information**

First Name	Last Name	HH	CH	DIS	62+	S≥18	<18

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years







**Worksheet 1: Current MONTHLY Income**

INCOME SOURCE	APPLICANT	HEAD/ CO-HEAD OF HOUSEHOLD	OTHER HOUSEHOLD MEMBERS 18 OR OLDER	TOTAL
Wages, overtime pay, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family). A deduction for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation as provided in Internal Revenue Service regulations.	\$	\$	\$	\$
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. If the family has net family assets in excess of \$5,000, income shall be equal to the greater of the actual income derived from all net family assets or the current passbook savings rate (as determined by HUD) of 0.06% multiplied by the value of such assets.	\$	\$	\$	\$
Social Security, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	\$	\$	\$	\$
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report the total amount received.	\$	\$	\$	\$





Any public assistance or welfare payments from state or local welfare office. Report total amount received.	\$	\$	\$	\$
Periodic and determinable allowances such as alimony, child support payments, regular contributions, or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	\$	\$	\$	\$
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	\$	\$	\$	\$
<b>Total Present GROSS Monthly Family Income</b>			<b>A</b>	<b>\$</b>
<b>Multiply by 12 months in a year</b>			<b>B</b>	<b><u>X 12</u></b>
<b>A times B is equal to TOTAL ANNUAL INCOME</b>			<b>C</b>	<b>\$</b>





**INCOME DOCUMENTATION**

Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted must be copies and will not be returned. **Do not send originals.**

Table 1: Income Documentation Requirements

<b>If you or a member of your family have income from any of the following sources:</b>	<b>You are required to submit the following documents:</b>	<b>Covering the following period(s) of time:</b>
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items	Copies of last 3 paycheck stubs / earnings statements	Most recent three (3) pay periods
Net income from the operation of a business or profession	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	Most recent tax year filed
Interest, dividends, net rental income, royalty income, or income from estates and trusts	Bank Statements (all pages)	Most recent three (3) months
Social Security, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts.	Social Security Letter (if applicable); or Bank Statements	Current year's award letter or Most recent three (3) months
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation.	Current year's award letter or Bank Statements	Most recent three (3) months
Any public assistance or welfare payments from state or local welfare office	Award letter; or Statement from source of assistance	Current year's award letter or statement of current benefits from the source of assistance
Periodic and determinable allowances such as alimony, child support payments, regular contributions, or gifts received from organizations or persons not residing in the dwelling.	Check Stubs; or Bank Statements (all pages)	Most recent three (3) months
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire.	Check Stubs; or Bank Statements (all pages)	Most recent three (3) months





**Table 2: Excluded Income Sources**

Income from employment of children (including foster children) under the age of 18 years.
Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains, and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
Income of a live-in aide (as defined in 24 CFR 5.403).
The full amount of student financial assistance paid directly to the student or to the educational institution (Subject to 24 CFR 5.609(b) [refer to Income Inclusions Tab - No. 9]).
The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
Amounts received under training programs funded by HUD.
Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program.
Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA’s governing board. No resident may receive more than one such stipend during the same period of time.
Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program.
Temporary, nonrecurring, or sporadic income (including gifts).
Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
Adoption assistance payments in excess of \$480 per adopted child.
Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.
Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.
Amounts specifically excluded by any other Federal statute from consideration as income for purposes of





determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the FEDERAL REGISTER and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. The following is a list of income sources that qualify for that exclusion:
The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017 [b])
Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (e.g., employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions)
Certain payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626[c])
Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e)
Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624[f])
Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, section 6)
The first \$2,000 of per capita shares received from judgment funds awarded by the National Indian Gaming Commission or the U. S. Claims Court, the interests of individual Indians in trust or restricted lands, and the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408). This exclusion does not include proceeds of gaming operations regulated by the Commission
Amounts of scholarships funded under title IV of the Higher Education Act of 1965 (20 U.S.C. 1407-1408), including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu). For section 8 programs only (42 U.S.C. 1437f), any financial assistance in excess of amounts received by an individual for tuition and any other required fees and charges under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall not be considered income to that individual if the individual is over the age of 23 with dependent children (Pub. L. 109-11, section 327) (as amended)
Payments received from programs funded under Title V of the Older Americans Act of 1985 (42U.S.C. 3056g))(e.g., Green Thumb, Senior Aides, Older American Community Service Employment Program)
Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in In Re Agent Orange Liability Litigation, M.D.L. No. 381 (E.D.N.Y.)
Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 25 U.S.C. 1728)
The value of any childcare provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q)
Earned income tax credit (EITC) refund payments received on or after January 1, 1991, for programs administered under the United States Housing Act of 1937, title V of the Housing Act of 1949, section 101 of the Housing and Urban Development Act of 1965, and sections 221(d)(3), 235, and 236 of the National Housing Act (26 U.S.C. 32[l])
Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433)
Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637[d])
Any allowance paid under the provisions of 38 U.S.C. 1833(c) to children of Vietnam veterans born with spina bifida (38 U.S.C. 1802-05) children of women Vietnam veterans born with certain birth defects (38 U.S.C.





1821), and children of certain Korean service veterans born with spina bifida (38 U.S.C. 1821)
Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602)
Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931(a)(2))
Any amount received under the Richard B. Russell School Lunch Act (42 U.S.C. 1780(e)) and the Child Nutrition Act of 1966 (42 U.S.C. 1780(b)), including reduced-price lunches and food under the Special Supplemental Food Program for Women, Infants, and Children (WIC)
Payments, funds, or distributions authorized, established, or directed by the Seneca Nation Settlement Act of 1990(25 U.S.C. 1774f(b))
Deferred amounts from Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts(42 U.S.C. § 1437a(b)(4))
Compensation received by or on behalf of a veteran for service-connected disability, death, dependency, or indemnity compensation as provided by an amendment by the Indian Veterans Housing Opportunity Act of 2010 (Pub. L. 111-269; 25 U.S.C. 4103(9)) to the definition of income applicable to programs authorized under the Native American Housing Assistance and Self-Determination Act (NAHASDA) (25 U.S.C. 4101 et seq.) and administered by the Office of Native American Programs
A lump sum or a periodic payment received by an individual Indian pursuant to the Class Action Settlement Agreement in the case entitled Elouise Cobell et al. v. Ken Salazar et al., 816 F.Supp.2d 10 (Oct 5, 2011 D.D.C.), for a period of one year from the time of receipt of that payment as provided in the Claims Resolution Act of 2010 (Pub. L. 111-291)
Any amounts in an “individual development account” as provided by the Assets for Independence Act, as amended in 2002 (Pub. L. 107-110, 42 U.S.C. 604(h)(4))
Per capita payments made from the proceeds of Indian Tribal Trust Cases as described in PIH Notice 2013-30 “Exclusion from Income of Payments under Recent Tribal Trust Settlements” (25 U.S.C. 117b(a))
Major disaster and emergency assistance received by individuals and families under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Pub. L. 93-288, as amended) and comparable disaster assistance provided by the States, local government, and disaster assistance organizations (42 U.S.C. 5155(d)).





**ATTACHMENT B: INFORMATION FOR GOVERNMENT REPORTING  
(STATISTICAL INFORMATION)**

The following information will be kept confidential and used only to provide aggregate data for program analysis. Completion of this form is **MANDATORY** and WILL NOT be used to evaluate your application for participation in the Emergency Rental Assistance Program.

APPLICANT	CO-APPLICANT
PLEASE MARK <b>ONE</b> :	PLEASE MARK <b>ONE</b> :
<input type="checkbox"/> WHITE	<input type="checkbox"/> WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> BLACK / AFRICAN AMERICAN
<input type="checkbox"/> ASIAN	<input type="checkbox"/> ASIAN
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER	<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PAC ISLANDER
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & WHITE
<input type="checkbox"/> ASIAN & WHITE	<input type="checkbox"/> ASIAN & WHITE
<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE	<input type="checkbox"/> BLACK / AFRICAN AMERICAN & WHITE
<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN	<input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE & BLACK / AFRICAN AMERICAN
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
HEAD OF HOUSEHOLD: HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD OF HOUSEHOLD: HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DOES ANY FAMILY MEMBER HAVE A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

