

# 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, you may be eligible for OERAP.



## Eligibility & Required Documentation

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

- I am a renter in Oregon.
- My household meets the program’s income limits. View page 21 for more information and to confirm 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 rental assistance for the home you rent in Oregon?
- Do you have a past-due rent or eviction notice, or are you at risk of homelessness or need assistance paying future rent?

To complete this application, you will need to:

1. Fill out all the requested information.
2. Give your signature where you are asked to sign.
3. Collect copies of documents we request for your application.
4. If you are **mailing** your application to your local program office, please include your signed application and copies of the necessary documents. You can find the address you need for the local program office in your county on page 22.
5. If you are **dropping off** your application at your local program office, please put your signed application and the necessary documents in an envelope. You can find the address you need for the local program office in your county on page 22.
6. If you are completing this application **online**, please click submit when you have signed your application and included the necessary documents.
7. We cannot review your application until it is complete and received in-person, by mail, **OR** online.
8. Do not send any original documents. We cannot return these to you.

## Tenant Documentation Checklist

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

- 1. To confirm your identity, we need **one** of these:
  - 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

## Tenant Documentation Checklist, continued

2. To confirm your income, we need **one** of these:  
(All household members over the age of 18 must provide **one** of the following)

IF YOU HAVE NO INCOME, you can complete a Certification of No Income on page 18.

IF YOU HAVE ANY AMOUNT OF INCOME, we need **one** of these:

- 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

3. To confirm your home address, we need **one** of these:

- State-issued program ID or license
- A signed rental lease or written rental agreement
- Utility bill showing past or current amount due in your name
- Credit report showing residence
- Official letter from an official source (landlord, government agency, financial institution, medical institution, or school)

4. To confirm the rent you owe, we need **one** of these:

- 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 letter from your landlord who can be verified as the actual owner or management agent of where you rent Landlord Verification of Rent Due on page 25
  - If landlord refuses to sign, you may also submit a Self-Verification of Rent Due on page 24
  - Other formal attempt to collect rents or notification of rents due/outstanding

**Please note:** You cannot request reimbursement for rent 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 (OERAP)



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

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 22.

Community Partner Code: (if none, leave blank)
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**Optional question:** 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(s): \_\_\_\_\_

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: \_\_\_\_\_ Back-up Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Back-up Email: \_\_\_\_\_

If you have one, 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 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/Nonconforming
- 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+):**

<b>Additional Household Members</b>	<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>
Member 1:	_____	_____	_____
Member 2:	_____	_____	_____
Member 3:	_____	_____	_____
Member 4:	_____	_____	_____
Member 5:	_____	_____	_____
Member 6:	_____	_____	_____
Member 7:	_____	_____	_____
Member 8:	_____	_____	_____

**CHILDREN Household Member's Birth Dates 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 contact information you have and your local program administrator will contact your landlord to confirm 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: \_\_\_\_\_

Street Address (Line 1): \_\_\_\_\_

Street Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_, Oregon ZIP Code: \_\_\_\_\_

## Landlord Information, continued

Contact Person Name: \_\_\_\_\_

Contact Person Cell Phone: \_\_\_\_\_ Contact Person Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 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 any other rental assistance programs for the same rent you are requesting today?

No  Yes, but I am only asking for rent that has not been paid.

Please check the programs you have received assistance from:

- |  |   |
|--|---|
| <input type="checkbox"/> City of Portland Emergency Rent Assistance  | <input type="checkbox"/> Any other federal, state or local assistance programs. If so, please list: |
| <input type="checkbox"/> Clackamas County Emergency Rent Assistance  | _____   |
| <input type="checkbox"/> Lane County Emergency Rent Assistance       | _____   |
| <input type="checkbox"/> Marion County Emergency Rent Assistance     | _____   |
| <input type="checkbox"/> Multnomah County Emergency Rent Assistance  | _____   |
| <input type="checkbox"/> 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, please fill out the boxes 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 three months of forward rent. You may also submit a statement with the same information if you choose not to fill out the boxes below. Select all months where back rent and fees are owed. You may request three months of forward rent starting after today's date.



## Past-Due Rent, continued

Month	Original Amount Due	Amount You Paid	Fees Due	Amount Paid by Other Program(s)	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	_____	_____	_____	_____	_____

## Future Rent, continued

Month	Original Amount Due	Amount You Paid	Fees Due	Amount Paid by Other Program(s)	Total Amount Still Due
January 2022	_____	_____	_____	_____	_____
February 2022	_____	_____	_____	_____	_____
March 2022	_____	_____	_____	_____	_____
April 2022	_____	_____	_____	_____	_____
May 2022	_____	_____	_____	_____	_____
June 2022	_____	_____	_____	_____	_____

**Total Rent 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 assistance needed because of, directly or indirectly, to the COVID-19 pandemic to eligible renter households. This program is administered by Oregon Housing and Community Services (OHCS) and is funded either directly or indirectly through the U.S. 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.

**Sign Here:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Household Income and COVID-19 Hardship

### What counts 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)
- 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: 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. This document can be found on page 18.

### Option 2: If you receive income, you can 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)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## Household Income and COVID-19 Hardship, continued

**Option 3: Report your income using other income documents (Example: 2020 1099, W-2, or 60 days of pay stubs, receipts or deposit slips). Each source of income should be entered separately.**

<b>First and last names:</b> (List all household members 18 years and over)	<b>Source of Income</b> (Primary job, Social Security, self-employment, unemployment, alimony, child support, etc.)	<b>Last 60 Days Gross Income</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## 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, experienced 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, experienced 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 more rent 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: \_\_\_\_\_

Date: \_\_\_\_\_

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 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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Affidavit Statements

### **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.
7. I/We understand that in the event of OERAP assistance being paid directly to the tenant the assistance must be used for the rental obligation and/or forward rent outlined in the ledger portion of this application.

### **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.



## Affidavit Statements, continued

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.

### Fraud Prevention:

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: \_\_\_\_\_

Date: \_\_\_\_\_

## 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: \_\_\_\_\_

Date: \_\_\_\_\_

## 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: \_\_\_\_\_

Date: \_\_\_\_\_



### Certification of No Income

Adult Household Member Name(s) for those with 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 confirm 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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

## CERTIFICATION OF INCOME - SELF-VERIFICATION



### Earned Income without Documentation

This form is to be used if the Household has income but can't provide documents or other traditional means of showing income. This form can be uploaded to the online application as a "paystub" if no other paystub is available or as documentation for "other income" on the Income bubble of the Oregon Emergency Rental Assistance application. Please submit one form for each member of the household that cannot provide documentation of income. For more information on how to apply please visit the Oregon Emergency Rental Assistance website at [www.OregonRentalAssistance.org](http://www.OregonRentalAssistance.org).

**Please note: If you are submitting a paper application, this document can be attached as an addendum.**

Applicant's Name: \_\_\_\_\_

Name of Employee (if different from applicant): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Employer's Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ Total Income for the past 12 months: \_\_\_\_\_

I earned income in the past 12 months from this employer, but cannot document it because:

- The business closed due to COVID-19
- My pay was received in cash
- The records of my payment were lost or destroyed
- Other reason: \_\_\_\_\_

I affirm that the income information presented above is true and accurate to the best of my knowledge.

I understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the denial of my Household's application, the repayment of any funds received through the Oregon Emergency Rental Assistance Program (OERAP), liabilities and penalties under the Oregon False Claims Act (ORS 180.750 to 180.785), and other remedies available under law.

(If Electronically Signed) The typed name below serves as my electronic signature for the above certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

# OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

## AREA MEDIAN INCOME CHART



To receive Oregon Emergency Rental Assistance, your household income may not be above 80% of the area median income (AMI) for the area in which you live. 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 two people living in Clackamas County must make less than \$61,900 together to be eligible.

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

# OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

## CONTACT INFORMATION FOR LOCAL PARTNERS



The Oregon Emergency Rental Assistance Program (OERAP) is funded by OHCS, and assistance with your application can be found through local program administrators. You can find a list of providers and information on how to contact them below.

County	Contact Information
<b>All Spanish speakers</b>	Oregon Human Development Corporation (OHDC) Phone: 855-215-6158   500 NW 20th St., Suite 100 Gresham, OR 97030
<b>Baker</b>	Community Connection of NE Oregon (CCNO) Phone: 541-523-6591   2810 Cedar St., Baker City, OR 97814
<b>Benton</b>	Community Services Consortium (CSC) Phone: 541-704-7506   250 Broadalbin St. SW, Suite 2A, Albany, OR 97321
<b>Clackamas</b>	Clackamas County Social Services Division (CCSSD) Phone: 503-655-8575   2051 Kaen Road, Unit 135, Oregon City, OR 97045
<b>Clatsop</b>	Community Action Team (CAT) Phone: 503-325-1400   364 9th St., Clatsop, OR 97146
<b>Columbia</b>	Community Action Team (CAT) Phone: 503-397-3511   125 N. 17th St., Saint Helens, OR 97051
<b>Coos</b>	Oregon Coast Community Action (ORCCA) Phone: 541-435-7080 x 370   1855 Thomas Ave., Coos Bay, OR 97420
<b>Crook</b>	NeighborImpact (NI) Phone: 541-548-2380 x 210   1855 Thomas Ave., Coos Bay, OR 97420
<b>Curry</b>	Oregon Coast Community Action (ORCCA) Phone: 541-435-7080 x 370   1855 Thomas Ave., Coos Bay, OR 97420
<b>Deschutes</b>	NeighborImpact (NI) Phone: 541-548-2380 x 210   2303 SW First St., Redmond, OR 97756
<b>Douglas</b>	United Community Action Network (UCAN) Phone: 541-672-5392   280 Kenneth Ford Drive, Roseburg, OR 97470
<b>Gilliam</b>	Community Action Program of East Central Oregon (CAPECO) Phone: 541-276-1926   721 SE 3rd St., Suite D, Pendleton, OR 97801
<b>Grant</b>	Community Connection of NE Oregon (CCNO) Phone: 541-575-2949   142 NE Dayton, John Day, OR 97850
<b>Harney</b>	Communities in Action (CinA) Phone: 541-889-9555   915 SW 3rd Ave., Ontario, OR 97914
<b>Hood River</b>	Mid-Columbia Community Action Council (MCCAC) Phone: 541-298-5131   P.O. Box 1969312 E 4th Street The Dalles, Oregon 97058
<b>Jackson</b>	ACCESS Phone: 541-494-1210   3630 Aviation Way, Medford, OR 97504
<b>Jefferson</b>	NeighborImpact (NI) Phone: 541-548-2380 x 210   2303 SW First St., Redmond, OR 97756
<b>Josephine</b>	United Community Action Network (UCAN) Phone: 541-956-4084   280 Kenneth Ford Drive, Roseburg, OR 97470
<b>Klamath</b>	Klamath and Lake Community Action Services (KLCAS) Phone: 541-882-3500   535 Market St., Klamath Falls, OR 97601
<b>Lake</b>	Klamath and Lake Community Action Services (KLCAS) Phone: 541-882-3500   535 Market St., Klamath Falls, OR 97601

# OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

## CONTACT INFORMATION FOR LOCAL PARTNERS



County	Contact Information
<b>Lane</b>	Lane County Human Services Division (LCHSD) Phone: 541-682-3776   151 W. 7th Ave., Suite 560, Eugene, OR 97401
<b>Lincoln</b>	Community Services Consortium (CSC) Phone: 541-704-7506   250 Broadalbin St. SW, Suite 2A, Albany, OR 97321
<b>Linn</b>	Community Services Consortium (CSC) Phone: 541-704-7506   250 Broadalbin St. SW, Suite 2A, Albany, OR 97321
<b>Malheur</b>	Communities in Action (CinA) Phone: 541-889-9555   915 SW 3rd Ave., Ontario, OR 97914
<b>Marion</b>	Mid-Willamette Valley Community Action Agency (MWVCAA) Phone: 503-399-9080 x 4003   ARCHES Project, 615 Commercial St. NE, Salem, OR 97301
<b>Morrow</b>	Community Action Program of East Central Oregon (CAPECO) Phone: 541-276-1926   721 SE 3rd St., Suite D, Pendleton, OR 97801
<b>Multnomah</b>	Multnomah County Email: rentassistance@multco.us Phone: 503-988-0466 (available in Spanish and English, 211, or 866-698-6155   209 SW 4th Ave. #200, Portland, OR 97204
<b>Polk</b>	Mid-Willamette Valley Community Action Agency (MWVCAA) Phone: 503-399-9080 x 4003   ARCHES Project, 615 Commercial St. NE, Salem OR 97301
<b>Sherman</b>	Mid-Columbia Community Action Council (MCCAC) Phone: 541-298-5131   P.O. Box 1969312 E 4th Street The Dalles, Oregon 97058
<b>Tillamook</b>	Community Action Team (CAT) Phone: 503-842-5261   2310 1st St., Suite 2, Tillamook, OR 97141
<b>Umatilla</b>	Community Action Program of East Central Oregon (CAPECO) Phone: 541-276-1926   721 SE 3rd St., Suite D, Pendleton, OR 97801
<b>Union</b>	Community Connection of NE Oregon (CCNO) Phone: 541-963-7532   1504 N Albany St., La Grande, OR 97850
<b>Wallowa</b>	Community Connection of NE Oregon (CCNO) Phone: 541-426-3840   702 NW 1st St., Enterprise, OR 97828
<b>Wasco</b>	Mid-Columbia Community Action Council (MCCAC) Phone: 541-298-5131   P.O. Box 1969312 E 4th Street The Dalles, Oregon 97058
<b>Washington</b>	Community Action Organization (CAO) Phone: 503-615-0770   1001 SW Baseline St., Hillsboro, OR 97123
<b>Wheeler</b>	Community Action Program of East Central Oregon (CAPECO) Phone: 541-276-1926   721 SE 3rd St., Suite D, Pendleton, OR 97801
<b>Yamhill</b>	Yamhill Community Action Partnership (YCAP) Phone: 503-687-1494   YCAP, P.O. Box 621, McMinnville, OR 97128

# OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

## Self-Verification of Landlord/Tenant Relationship and Rent Owed



(You can use this form if you do not have a written lease agreement AND your landlord cannot or will not sign the Verification of Landlord/Tenant Relationship form).

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: \_\_\_\_\_ Past-Due Rent: \_\_\_\_\_

Are any utilities included in the rent payment?  No  Yes 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

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date



# OREGON EMERGENCY RENTAL ASSISTANCE PROGRAM

## Verification of Landlord/Tenant Relationship and Rent Owed



(You can use this form if you do not have a written lease agreement with your landlord).

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: \_\_\_\_\_ Past-Due Rent: \_\_\_\_\_

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                      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 Applicant                      Name of Applicant                      Date