



**INTERIOR REGIONAL HOUSING AUTHORITY**  
 828 27<sup>TH</sup> Avenue • Fairbanks, AK 99701  
 (PH) (907)328-3237 | (TOLL) 833-452-8315 | (FX) 328-7718



Emergency Rental Assistance

Eligibility:

1. Qualifies for unemployment or has experience a reduction in household income, incurred significant costs, or experienced a financial hardship due to COVID-19
2. Demonstrates a risk of experiencing homelessness or housing instability; and
3. Has a household income at or below 80 percent of the area median.

80% HUD INCOME LIMITS							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$52,136	\$59,584	\$67,032	\$74,480	\$80,438	\$86,397	\$92,355	\$98,314

The information that we receive will be for the Housing Authority Eligibility purposes, and data collection for the funding source; The Department of Treasury.

To be eligible, you or members of your household must demonstrate risk of homelessness instability. At least one of the following statements must be true: You or member of your household (check all that apply):

- Has received a rental eviction notice.
- Has received past due rent or utility notice(s).
- Is at increased risk of exposure to COVID-19 due to overcrowding.
- Is unsafe due to past or potential intimate partner violence or sexual assault or stalking.
- Is delaying the purchase of essential good/services to pay rent or utilities (e.g., food or prescriptions—child care or transportation—equipment for remote work or school).
- Is relying on credit cards or payday lenders or other high-cost debt products to pay for rent or utilities—or depleting savings rather than using wages or other income.

To be eligible for IRHA’s ERA Program, you or member of your household must meet certain criteria. At least one of the following statements must be true: You or a member of your household (check all that apply):

- Has qualified for unemployment benefits. Note that it is not necessary to be actively receiving benefits, only to have qualified for them.
- Has lost income due to the COVID-19 pandemic.
- Has incurred significant costs due to COVID-19 pandemic.
- Has directly or indirectly experienced financial hardship due to the COVID-19 pandemic.
- Has been or is currently unemployed.

Have you received assistance for rent and/or utilities from any other source? Yes \_\_\_\_\_ No\_\_\_\_\_

If so, please explain: \_\_\_\_\_

Primary Applicant Full Name: \_\_\_\_\_

Alaska Native? \_\_\_\_\_ Or American Indian? \_\_\_\_\_ Gender, Race and Ethnicity of primary applicant: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How many people in Household? \_\_\_\_\_

Household income:

Tell us about your income. Applicants must provide this information to the best of their ability:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving unemployment? Yes \_\_\_ No \_\_\_ When did you qualify for unemployment? \_\_\_\_\_

Date Employment Lost: \_\_\_\_\_ Date employment resumed (If applicable): \_\_\_\_\_

Assistance with Utilities:

Electric: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_ Water & Sewer: \$ \_\_\_\_\_ Trash: \$ \_\_\_\_\_ Heating costs: \$ \_\_\_\_\_

Which bills are past due, and how much? \_\_\_\_\_

Utilities paid by landlord? \_\_\_\_\_

Utilities paid by landlord: Electric: \_\_\_\_\_ Gas: \_\_\_\_\_ Water & Sewer: \_\_\_\_\_ Trash: \_\_\_\_\_ Heating cost: \_\_\_\_\_

Assistance with rent: Qualified applicants can receive assistance for up to 12 months of past or future rent. Past-due rent must be caught up first, and payments cannot be made for rent prior to March 12, 2020.

Past due rent amount: \$ \_\_\_\_\_ Monthly rent amount: \$ \_\_\_\_\_

Do you need assistance with future rent? \_\_\_\_\_

Please provide a copy of your photo ID for identify verification and provide supporting documentation for your income. This information must be provided for your application to be complete. We will also need your utility bills, lease agreement, unemployment verification, and your landlord’s phone number. \_\_\_\_\_

Supporting documents can be one of the following: Recent paystubs, IRS form 1040, W2, or 1099, 2020 federal tax return, and bank statements.

**You cannot duplicate any other federally funded rental assistance provided to such household, Initial \_\_\_\_\_**

By signing this application, you certify all these answers are true. Misleading or fraudulent statements can lead up to paying back all monies. If approved, rent and/or utility relief payments will be made directly to your landlords and utility companies. The program allows for up to 12 months of financial assistance, with the possibility of extended assistance for an additional three months. All past due rent and utilities back to March 12, 2020 will be paid first with remaining funds available for future assistance. Funding will be available at least through September 30, 2021.



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





**Interior Regional Housing Authority**  
828 27th Avenue  
Fairbanks, AK 99701  
907-328-3237, 833-452-8315, Fax # 907-328-7718  
ATTN: Housing Department



**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, request and authorize the Interior Regional Housing Authority to obtain any and all information to determine my eligibility for Emergency Rental Assistance Application. For example: Bank financial information, Cash Assistance of any kind (ASAP/ GA/ SSI/ SSDI/ APA), wage information, State of Alaska, DOL Unemployment, and any other information the Housing Authority needs for Eligibility purposes, and data collection for the funding source; The Department of Treasury. Please release my confidential information from my file to:

NAME: HOUSING DEPARTMENT PERSONNEL

ORGANIZATION: INTERIOR REGIONAL HOUSING AUTHORITY

ADDRESS: 828 27th Avenue, Fairbanks, AK 99701

Purpose of disclosure: Eligibility Determination for ERA

Material to be released: ANY

My signature indicates I have read this form and/or have had it read to me. I know that any and all information is to be disclosed for determining my eligibility.

This consent form does not expire unless revoked by me in writing. I am able to revoke this consent (in writing) at any time.

Applicant's name (printed): \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_