



ERAP 2.0 - Household Information & Eligibility Form Version 5

Instructions: Use this form to screen and document household eligibility.

1. Household Information

Household ID: <small>(cannot include personal identifying information such as initials or birth date in ID)</small>	Date:
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Name:

WA State is collecting demographic data on head of households assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional.

Gender:	Cisgender Woman	Transgender Man or Transgender Woman	A gender other than singularly man or woman (non-binary, genderfluid, agender, culturally specific gender)	Refused	Don't Know
	Cisgender Man	Questioning			Data Not Collected

Ethnicity:	Non-Hispanic/Non Latin(a)(o)(x)	Hispanic/Latin(a)(o)(x)	Refused	Don't Know	Data Not Collected
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Race:	American Indian, Alaska Native, or Indigenous	Asian or Asian American	Black, African American, or African	Native Hawaiian or Pacific Islander	Multiple Races	White	Refused	Don't Know
								Data Not collected

Head of Household is 18-24 or Unaccompanied Youth 16-17:	Yes	No	Refused/ Don't know	Rental Type:	Leased Rental Unit	Family/ Friends	Hotel/Motel
					Lot Space/Mooring Fee		Refused /Don't know

2. Household Eligibility - must meet both screening criteria.

Income at or below 80% of Area Median Income (AMI).	<p>Documentation required:</p> <input type="checkbox"/> Calculation Worksheet and Income Self-certification or documentation: see 3 and 4 below for details.
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Rent Due – Household has a <u>currently</u> missed or partially paid rent payment since March 1, 2020 and is still occupying the residence.	<p>Documentation required:</p> <input type="checkbox"/> Rent Payment Agreement Form. <input type="checkbox"/> Verbal verification of <u>currently</u> missed or partially paid rent completed (if receiving <u>utilities only</u>).
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3. Income Calculation

Current income (average over last 60 days) or income from calendar year 2020 or calendar year 2021 must be at or below 80% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking to maintain housing together.

If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.

If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method: $\$(60 \text{ days of total income})/2 = \text{Average income} \times 12 \text{ months} = \text{Annual income}$

Household name/ household members	Source of Income <i>(see income types below)</i>	Gross Income in a pay period	Calculation method	Annual Income
<i>Example: John Smith</i>	<i>wages</i>	<i>\$1,000</i>	<i>12</i>	<i>\$12,000</i>
				\$
				\$
Household Annual Income:				\$
80% AMI for household size in county:				\$

Number of Household Members:	<input type="checkbox"/> Income at or below 80% of Area Median Income (AMI)		
	<input type="checkbox"/> Less than 30%	<input type="checkbox"/> 31-50%	<input type="checkbox"/> 51-80%

4. Income Type & Documentation

Type of income:	Check the box for income type: <input checked="" type="checkbox"/>	How to document: Grantees can check the box next to source type. No additional documentation is needed for household self-certifying income. <i>If there are barriers or time constraints associated with collecting source documentation to substantiate a household's income, grantees must utilize the flexibility of self-declarations.</i>
No Income		Self-certified/stated by the household.
Wages and Salary Income		Copy of most recent pay stub(s). OR Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation.
		OR Self-certified/stated by the household.
Self-Employment and Business Income		Copy of most recent federal and state tax return, profit and loss report from applicant's accounting system, or bank statement.
		OR Self-certified/stated by the household.

Pension/ Retirement Income		Copy of most recent statement, benefit notice from Social Security, pension provider or other.
		OR Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount.
		OR Self-certified/stated by the household.
Unemployment and Disability Income		Copy of most recent payment statement or benefit notice.
		OR Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount.
		OR Self-certified/stated by the household.
TANF/ Public Assistance		Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS).
		OR Verbal verification from source that includes name of income source, income amount, and frequency of income.
		OR Self-certified/stated by the household.
Alimony, Child Support, Foster Care Payments		Copy of most recent payment statement, notices, or orders.
		OR Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount.
		OR Self-certified/stated by the household.
Armed Forces Income		Copy of pay stubs, payment statement, or other government statement indicating income.
		OR Dated mail, fax, email verification or verbal verification that includes name of income source and income amount.
		OR Self-certified/stated by the household.