



The Jefferson County Emergency Rental Assistance Program (ERAP) provides grants to eligible individuals and households that have been economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, or increased expenses, residing in eligible areas of the County of Jefferson, Alabama.

Emergency grants for rental and/or utility payments are made on behalf of an eligible applicant household, without a prescribed limit per month for a period of up to twelve (12) months, to maintain stable housing and/or to reduce rental or utility payment delinquencies as a result of the economic downturn during the COVID-19 pandemic. Households may request an additional three (3) months assistance and may not exceed fifteen (15) months of assistance.

INSTRUCTIONS

1. Complete application packet. **(SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE FINANCIAL ASSISTANCE)**
2. Include COPIES of required documents. **(DO NOT INCLUDE ORIGINAL DOCUMENTS)**
3. Place documents inside the large envelope that has been provided for you.
4. Be sure to seal the envelope.
5. Drop in the designated Drop Box located at our headquarters location or mail to 1229 3rd Ave North Birmingham, AL 35202

ELIGIBILITY REQUIREMENT

Eligible households must reside in Jefferson County outside of the Birmingham city limits, which has its own allocations. To be eligible, a household, which is one or more individuals that reside in a rental housing unit, must meet each of the three requirements listed:

1. Be obligated to pay rent on a residential dwelling in the eligible area
 - a. Have a valid, signed lease or rental agreement; or
 - b. Provide documentation showing obligation and history of payment prior to COVID-19 outbreak.
2. Have a total household income at or below 80 percent of the Area Median Income
 - a. Household income will be verified to establish eligibility.
 - b. Income limits are set by the U.S. Department of Housing and Urban Development (HUD) and adjusted for household size.
 - c. Household income cannot exceed 80 percent of the AMI for their area.
3. Demonstrate COVID-19 impacts:
 - a. qualified for unemployment benefits, or
 - documentation of qualification for unemployment benefits, may include documentation of receipt of benefits.
 - b. experienced a reduction in household income, incurred significant costs, or financial hardships due to COVID-19,
 - documentation of a reduction in household income, incurred significant costs, or other financial hardship, and
 - a signed attestation.
 - c. risk of experiencing homelessness or housing instability.
 - documentation of an eviction notice, past due notice for rent or utility, or other allowed reasonable evidence of risk

REQUIRED DOCUMENTS:

The following is a list of documentation required to be considered for benefits under the program.

1. Completed Application (ALL pages)
2. Copy of photo identification: AL Driver's license, Photo ID, US Passport, etc. (REQUIRED)
3. Proof of residency in Jefferson County: Copy of the current lease or rental agreement, mortgage statement, utility bill, or bank statement (may be same as below documentation of amount due) (REQUIRED)
4. Written documentation showing the amount due (REQUIRED)
 - For rent arrears: landlord ledger establishing past-due amount including dates of service for which there is an outstanding balance and copy of the lease with rental rate and identification of period to be covered

- For rent: copy of the lease with rental rate and identification of period to be covered (for example: one month). Under the Act, financial assistance for prospective rent payments is limited to three months based on any application by or on behalf of the household, except that the household may receive assistance for prospective rent payments for additional months (a) subject to the availability of remaining funds currently allocated to the grantee, and (ii) based on a subsequent application for additional assistance provided that the total months of assistance provided to the household do not exceed 12 months (plus an additional three months if necessary to ensure housing stability for the household, subject to the availability of funds).
- For utilities arrears: utility bill(s) showing the total amount due including the dates for which the costs were incurred. The full payment of arrears is allowed up to the 12-month limit established by the statute. Grantees may provide assistance for an additional three months if the grantee determines that further assistance is necessary to ensure housing stability.
- For utilities: utility bill(s) establishing the total amount of future obligations due including the dates for which the costs are expected to be incurred.
- A completed W9 form executed by the landlord (for rent), for utilities, Birmingham Urban League must have the W-9 on file for the relevant utility (REQUIRED)

5. Documentation of COVID-19 impact (one required)

- Letter from employer stating income reduction (e.g. reduction in hours), furlough, and/or layoff including date action was taken
- Paystubs or other documentation that demonstrates the reduction in income.
- Unemployment verification documentation issued by state of Alabama
 - If you have applied for unemployment but have not been approved, provide a copy of: "Notice of Unemployment Insurance Claim Filed" EDD letter; and/or Layoff or Furlough Letter - Employer furlough or layoff letter including the date you were furloughed or laid off due to COVID-19.
 - Documentation of business closure (notice on business website or other documentation) for the applicants place of employment (as demonstrated by pay stubs or other evidence).
 - Other COVID-19 Documentation - Other evidence of income and/or employment status which demonstrates the applicant's income was affected by COVID-19.

6. Household income of no more than 80% of the Area Median Income (AMI), first priority households for those at 50% or less of the Area Median Income (AMI), as defined by U.S. Department of Housing and Urban Development (HUD), and households with at least one individual who has been unemployed for at least 90 days prior to application, as statutorily required (REQUIRED).

- Paystubs or other documentation establishing household income at or below 80% of AMI.

All income for all household members over 18 must be documented.

County	2021 Median Income	% AMI	Household Size							
			1	2	3	4	5	6	7	8
Jefferson	\$78,000	30%	\$16,100	\$18,400	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
		50%	\$26,850	\$30,700	\$34,550	\$38,350	\$41,450	\$44,500	\$47,600	\$40,650
		80%	\$42,950	\$49,100	\$55,250	\$61,350	\$66,300	\$71,200	\$76,100	\$81,000

APPEALS PROCESS

If an applicant is denied assistance, a written case closed letter will be sent to the applicant listing the reason(s) for case being closed. Applicants can appeal an Emergency Rental Assistance Program decision regarding eligibility, the amount of assistance that has been awarded, the eligibility of costs, or any decision or action made. The first appeal must be submitted within 10 days of the date of the award or denial letter to the Birmingham Urban League in writing and reviewed by a supervisor. A written response to the first appeal will be sent within 5 business days.

It is important to understand that the criteria for eligibility, the amount of assistance, or the eligibility of costs will not be waived or modified; appeals must support how the applicant household meets these criteria and program requirements. If an applicant is successful in their appeal, their ability to receive assistance will depend on whether ERA funds are available on the date of the appeal decision. A successful appeal does not guarantee receipt of assistance.

**Intake Assessment Form
COVID-19 RESPONSE**

Completion of this form is required for clients in all programs. Required data is in bold with an asterisk (*).
Please print legibly in blue or black ink only. All signatures must be in blue or black ink

Client Information

Today's Date: _____ AMI% _____ HMIS # _____

Social Security Number: _____ - _____ - _____ *Date of Birth: _____ / _____ / _____ Age: _____
(Optional) Month / day / year

*Name: _____
Last First Middle/Former Name Suffix

*Address: _____
*Street Address/ Apartment Number / PO Box *City *State *Zip

*County of residence: _____ * Email Address: _____ *Phone: (_____) _____

Please check the box that applies to your living status: Tenant Homeless

Name of Landlord _____ Phone # _____ Monthly Payment: _____

*Total Number in Household: _____ * Please List everyone living in the household below:

Name	Age	DOB	Sex	SSN (Optional)	Relationship

*Employer _____ * Total Monthly Household Income _____ *Total Household Annual Income _____

*Additional Income: SSI Child Support Retirement *Amount _____

Please check the boxes that applies to you:

* No, not Hispanic/Latino Yes, Hispanic/Latino *Gender: Male Female

*Race: American Indian or Alaska Native *Marital Status: Single Widow Married Divorced

(Select one or more) Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

*Highest Degree or Level of School Completed:

- No Schooling 9th – 12th grade GED Bachelor's degree Doctorate or Professional degree
 1st - 5th grade High School No Diploma Master's degree
 6th - 8th grade Diploma Some College

How did you hear about the program? Print Media Friend TV Radio Referral Internet Family
 Previous Enrollment Previous Enrollment in another program: If so, which one? _____

*Client Signature: _____ *Date: _____



AUTHORIZATION ON REPRESENTATIVE LETTER

Client Name:

Client Address:

Client SS #(Optional):

I hereby voluntarily give permission to release to Birmingham Urban League, Inc. a HUD Approved Housing Counseling Agency all information concerning my medical, financial, and personal data and any other materials desires to discover.

I am aware of Privacy Act of 1967, the provisions of which I waive in so far at the authorization for release of information to my above representative is concern. The Birmingham Urban League is my representative and stands in my shoes in so far as any rights to privacy are concerned. In other words, I do not want any protection any law may give (in terms of confidentiality of records) to be misapplied to a request for same from representative. However, as to all other persons and agencies, I do not expect that any information regarding my case will be release absent my express written permission.

This permission expires twelve (12) months from date of signature.

Client Signature

Date

Client Signature

Date



DISCLOSURE STATEMENT

The **Birmingham Urban League** offers the following services and programs to our clients:

ERAP - Provides emergency rental and utility assistance grants to eligible individuals and households that have been economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, or increased expenses, residing in eligible areas of the County of Jefferson, Alabama

BW – Financial, Budgeting and Credit Workshop: Provide information and resources to assist individuals in understanding their finances and credit.

FBC – Financial Management / Budget Counseling: The goal is to help clients understand the significance of budgeting and successful money management.

PPW – Pre-Purchase Homebuyer Workshop: Provide information and resources to assist individuals in understanding the basic steps of homeownerships, the necessary resources and how to work with key players in the process.

PPC – Pre-Purchase Counseling: The goal is to help clients determine if purchasing a home is in their best interest and assist them with the homebuying process and any applicable down payment assistance applications.

DFC – Mortgage Delinquency and Default Resolution Counseling: The goal is to help clients determine the loss mitigation options and actions that are in the best interest of the client to avoid foreclosure or transition out of their home smoothly if foreclosure cannot be prevented.

RHC – Rental Housing Counseling: The goal is to help residents determine if renting is in their best interest and assist them with circumstances that may impair their ability to maintain safe affordable housing.

HMC – Services for the Homeless Counseling: The goal is to provide financial assistance to decrease the chances of homelessness for up to twenty-five (25) eligible households who would otherwise become homeless.

NDW – Non-Delinquency Post Purchase Counseling: Provide information and resources to help clients successfully sustain homeownership.



1. Notwithstanding any recommendations made by the Birmingham Urban League or its Housing Counselors about products or services, clients are free to choose lenders, loan products and homes or abstain from doing so, and that receiving counseling is not contingent on the use of any product or service offered by the **Birmingham Urban League** or its Industry partners.
2. Birmingham Urban League is not involved in providing real estate service and no fee or commission is received in addition to the counselor's salary.
3. Clients are not obligated to receive any other services from the **Birmingham Urban League** or its exclusive partners.
4. Clients are entitled to receive any other counseling services listed above.
5. Alternatives services, programs and products may be found by seeking help from another HUD-Approved agency found at <http://hud.gov/offices/hsg/sfh/hcc/hcs.cfm>.

Hold Harmless Agreement

I give the Birmingham Urban League permission to use my name in any current and future publications or reporting. Furthermore, in view of the fact that the Birmingham Urban League is a non-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against the Birmingham Urban League and its employees.

Signature _____ Date _____

Signature _____ Date _____

Duplication of Benefits Certification

I, _____ certify that I have not applied for and have not received any other funding to pay the same expense(s) applied for through the Program.

Signature _____ Date _____



Client/Counselor Agreement

Birmingham Urban League and its housing counselors agree to provide the following services:

1. Confidentiality, honest, respect and professionalism in all services
2. Timely completion of promised action.
3. Explanation of the landlord eviction procedures.
4. Presentation and explanation of reasonable options available to the tenant based on an analysis of the homeowner's financial situation.
5. Guidance in developing a realistic spending plan, based on tenant decisions and choices in spending.
6. Assistance in submitting a repayment plan to the landlord.
7. Assistance in developing a action plan.
8. Identification of assistance resources that may be available to the Tenant.
9. Referrals to needed resources.

I/We _____ agree to the following terms of services.

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will respond to any phone calls or email from my/our counselor with 24 hours of delivery of call or email.
3. I/We will provide all necessary documentation and follow-up information within the requested timeframe.
4. I/We will be on time appointments and understand that if we are late for an appointment, the appointment may have to be rescheduled.
5. I/We will call within 24 hours of a scheduled appointment if I/we will be unable to attend the appointment.
6. I/We will contact the counselor when the landlord contacts us with questions or a payment arrangement offers.
7. I/We understand that breaking this agreement may cause the counseling organization to sever its counseling service to me/us.

Renter

Date

Housing Counselor

Date



Privacy Policy

Birmingham Urban League and its housing counselors are committed to assuring the privacy of individuals and/or 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 information shared both orally and in writing will be managed within legal and ethical considerations. Your nonpublic personal information, income, living expenses and personal information concerning your financial circumstances, will provided to creditors, program monitors, and other only with your authorization and signature of the Certification and Authorization Agreement. We may also use anonymous aggregated case file information for the purse of evaluation our services, gather valuable research information and designing future program.

Typed of information that we gather about you:

- Information we receive from your orally, on applications or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditor, or others such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “**opt-out**” of disclosures of you nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosure.
2. If you choose to “**opt-out**” , we will not be able to answer questions from your creditors, if at any time, you wish to change your decision with regard to your “**opt-out**”, you may call us at (205) 326-0162 and do so.

Release of your information to third parties.

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your credits or third parties where we have determined that it would be helpful to you, or requirement of grant awards that make our services possible.
2. We may also disclose any nonpublic personal information about you or former customer to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulation to guard your nonpublic personal information.

Signature: _____ Date _____

Signature: _____ Date _____

Housing Counselor _____ Date _____