Rental Assistance for City of Bremerton Residents

Bremerton Housing Authority and the City of Bremerton have two (2) rental assistance programs.

One program is designed to help individuals and families that need help with eviction prevention, rapid rehousing (you are homeless and moving into an apartment/house/home or need to move for a particular reason, for example domestic violence) and security deposits (when moving into a new apartment or home). You must be living in or be moving into the city limits of Bremerton proper. You must be 18 years of age or older. You may be eligible for up to three (3) months assistance. You may be eligible for up to 70% of your base rent to be paid.

The second program is designed to help individuals and families that need help with rent due to their work hours being affected in relationship to COVID-19. You must live in the city limits of Bremerton and be 18 years of age or older. To be eligible for the program, you must show proof of loss or reduction of income with a letter from your employer stating hours have been reduced due to COVID-19. This program can be up to 6 months of assistance. You may be eligible for up to 70% of assistance of your base rent to be paid.

For BOTH programs you will need to submit the following information:
Completed & signed application
6 months checking/saving balances
Proof of income (taxes and/or paycheck stubs)
Copy of current rental agreement
Signed and Dated – “Release to Speak to Third Party” form
Short paragraph explaining circumstances
Letter/Notification from employer stating hours affected to due COVID-19
Completed “Race & Ethics” form

All documentation submitted by mail or drop box to:
Bremerton Housing Authority
ATTN: Carol Zborowski
600 Park Avenue Bremerton, WA 98337

Questions? Call Carol at 360-473-0325 or email: czborowski@bremertonhousing.org
Documents to hand in:

- Application form – filled out
- Signed 214 certifying citizenship
- Self-Certification Form – filled out & signed
- 6-month checking accounts (6-month balances from the bank will work)
- 6-month savings accounts (6-month balances from the bank will work)
- Proof of income for everyone who is working in the home:
  a. Tax return(s) OR
  b. 2 months paystubs from most recent job
- Copy of your rental agreement
- Name of landlord along with contact information
- Sign & Dated “Release of Information” with landlord’s name and information
- Short paragraph or sentence explaining circumstances and the reason for assistance.
- Paragraph/Notice from employer stating hours reduced in relationship to COVID-19.

All documentation submitted by mail or drop box to:

Bremerton Housing Authority
Carol Zborowski
600 Park Avenue
Bremerton, WA 98337

Questions? Call Carol at 360-473-0325 or email:
czborowski@bremertonhousing.org
City of Bremerton Rental Assistance Program 2020/2021
Application for Rental Assistance

Head of Household: _______________________________ DOB: ________________

Co-Head of Household: _______________________________ DOB: ________________

Current address (include address, city, state, zip) ________________________________

Current phone ______________________ E-mail ________________________________

Current phone ______________________ E-mail ________________________________

Race(s): __ (W=White/B=Black/A=Asian/N=Native American/P=Pacific Islander/Mixed Race) Head of Household

Hispanic: YES____ NO____

Names and ages of all additional family members: How many bedrooms? __________

________________________________________  ________________________________

________________________________________  ________________________________

________________________________________  ________________________________

Name, address & phone number(s) of current landlord:

________________________________________________________________________

Current Base Rent Amount: __________ Amount you pay: ________________

Your last rent payment (amount and month): ________________________________

Do you currently receive any type of Rental Assistance? (subsidized)

Yes ________ No ________ If yes, specify ________________________________

I certify that all the information contained herein is true and correct to the best of my knowledge.

Applicant Signature/Date ________________________________

Co-Applicant/Date ________________________________

MUST CURRENTLY LIVE IN THE CITY LIMITS OF BREMERTON
MUST BE 18 YEARS OF AGE OR OLDER
Please see document list for required documentation
Carol Zborowski, Rental Assistance Coordinator

Paperwork submitted to:
Bremerton Housing Authority
Attention: Carol Zborowski
600 Park Avenue
Bremerton, WA 98337
DOCUMENTS to hand in with application for
City of Bremerton Rental Assistance and/or COVID-19 CARES Rental Assistance

1. Application filled out & signed
2. Copy of your current lease or rental agreement
3. Signed & Dated "Release of Information" form with landlord's contact information including name, address, email contact and telephone number.
4. Six months bank balances
5. Citizenship forms signed & dated (if applying for COVID-19 assistance)
6. Proof of income: taxes and/or paycheck stubs
7. Short paragraph explaining your circumstances
8. Letter from employer (if applying for COVID-19 assistance)
9. Race & Ethics Form
Release to Speak to Third Party

If you want Bremerton Housing Authority to speak with your case manager, friend or relative about your housing status, you must first complete and sign the following release.

I, __________________________, give the Bremerton Housing Authority permission to speak with and/or contact the following person and/or organization regarding my housing:

Name: __________________________________________

Address: ________________________________________

Phone: __________________________________________

Email: __________________________________________

I voluntarily allow the above named parties to obtain and/or release information regarding my housing. I understand that this information will not be forwarded to anyone other than the parties listed above, without my written permission. I understand that I can revoke this release at any time. This consent form expires 15 months after signing.

_________________________  _______________________
Applicant’s Signature      Date

Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs. Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact the BHA Section 804 Coordinator at (360) 616-7122.
Telecommunication for the hearing impaired TRS dial 7-1-1
The information provided on this form is subject to verification by HUD at any time. Under 18 U.S. Code section 1001 of the U.S. Code states that a person is guilty of a

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<th>Printed Name:</th>
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Other Adults in Household

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<tr>
<th>Signature:</th>
<th>Date:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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Head of Household

Head of Household

I certify that this information is complete and accurate. I agree to provide, if requested, documentation on all income sources to the HUD Grant (City)

**Certification**

<table>
<thead>
<tr>
<th>Moderate Income</th>
<th>Low Income</th>
<th>Very Low Income</th>
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<tbody>
<tr>
<td>$582,000 - $642,999</td>
<td>$479,000 - $539,999</td>
<td>$382,000 - $442,999</td>
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<tr>
<td>$539,000 - $599,999</td>
<td>$436,000 - $506,999</td>
<td>$338,000 - $408,999</td>
</tr>
<tr>
<td>$506,000 - $566,999</td>
<td>$393,000 - $463,999</td>
<td>$290,000 - $360,999</td>
</tr>
<tr>
<td>$463,000 - $523,999</td>
<td>$350,000 - $420,999</td>
<td>$243,000 - $313,999</td>
</tr>
<tr>
<td>$420,000 - $480,999</td>
<td>$307,000 - $377,999</td>
<td>$196,000 - $266,999</td>
</tr>
<tr>
<td>$377,000 - $437,999</td>
<td>$264,000 - $334,999</td>
<td>$149,000 - $219,999</td>
</tr>
<tr>
<td>$334,000 - $394,999</td>
<td>$221,000 - $291,999</td>
<td>$102,000 - $172,999</td>
</tr>
<tr>
<td>$291,000 - $351,999</td>
<td>$178,000 - $248,999</td>
<td>$55,000 - $125,999</td>
</tr>
<tr>
<td>$248,000 - $308,999</td>
<td>$135,000 - $205,999</td>
<td>$11,000 - $81,999</td>
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ANNUAL FAMILY INCOME - 2019 HUD Income Limits

| Step 1: Please indicate the current total gross monthly income for your household. |
| Step 2: Please indicate the number of people living in your household. |
| Step 3: Current annual income - multiply your total gross monthly income by 12 and enter the number here. |

Development Community Development Block Grant requirements.

The information you provide on this form will remain confidential but will be used to ensure compliance with the U.S. Department of Housing and Urban Development. 2020 Self-Certification of Income for HUD CDBG National Objective LMC & CDBG Cut-Verification
Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: __________________________ First Name: __________________________ Middle name: __________________________

Relationship to the head of household: __________________________ Sex: _____ Date of Birth: __________________________

Social Security Number: __________________________ Alien Registration Number: __________________________

Admission Number: __________________________ Nationality: __________________________

(In applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, __________________________ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature __________________________ Date __________________________

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature __________________________ Date __________________________

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Signature __________________________ Date __________________________

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature __________________________ Date __________________________

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act as **208 (a) (6), (7) and (8)**. **Violations of these provisions are cited as violations of 42 U.S.C. Sections **408 (a) (6), (7) and (8)**.
This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 101(a)(20) and 1101 (a)(15), respectively) [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);

- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophe national calamity;

- A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];

- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (b) of the INA (8USC 1253 (b)) [threat to life or freedom]; or

- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

- Form I-94, Arrival-Departure record, with one of the following annotations:
  a) "Admitted as Refugee Pursuant to Section 207"
  b) "Section 208" or "Asylum"
  c) "Section 243(h)" or "Deportation stayed by Attorney General"
  d) "Paroled pursuant to Section 212(d)(5) of the INA"

- If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
  a) A final court decision granting asylum (but only if no appeal is taken);
  b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director granting asylum (if application filed before 10-1-1990);
  c) A court decision granting withholding of deportation; or
  d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)

- Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

- Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";

- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified;

- Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, ___________________________________________________________ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to: (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. Notification: Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature __________________________ Date ________________________

9/2016
Race and Ethnic Data Reporting Form

<table>
<thead>
<tr>
<th>Name of Property</th>
<th>Project No.</th>
<th>Address of Property</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Owner/Managing Agent</th>
<th>Type of Assistance or Program Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Head of Household</th>
<th>Number of household members.</th>
</tr>
</thead>
</table>

Date (mm/dd/yyyy): ________________________________

<table>
<thead>
<tr>
<th>Ethnic Categories*</th>
<th>Select One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td></td>
</tr>
<tr>
<td>NoN-Hispanic or Latino</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial Categories*</th>
<th>Select All that Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature ___________________________ Date ___________________________

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.
Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household’s file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

   1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”

   2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

   1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

   2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

   3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

   4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

   5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.