

Application Number: _____
 Organization Name: _____
 Intake Date: _____

1. Eligibility Criteria (all eligibility criteria must be met; max limit of 18 months assistance from ERAP -1 and ERAP-2 funds)

For up to 9 months of rent assistance:

- Resident of Multnomah County
- 80% or below area median income (AMI) based current income
- COVID-19 Impacts
**See COVID-19 Impact items below*

For up to 12 months of rent assistance:

- Resident of Multnomah County
- 50% or below area median income (AMI) based current income,
or household member unemployed for at least 90 days prior to the date of application
- COVID-19 Impacts
**See COVID-19 Impact items below*

<p>*Covid-19 Impact (Both impacts must be met for eligibility)</p>	<p>Impact #1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> One or more individuals in the household qualified for unemployment benefits <li style="text-align: center;">or <input type="checkbox"/> One or more individuals in the household experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the coronavirus pandemic <p>Impact #2</p> <ul style="list-style-type: none"> <input type="checkbox"/> One or more individuals in the household demonstrate risk of experiencing homelessness <li style="text-align: center;">or <input type="checkbox"/> One or more individuals in the household demonstrate risk of experiencing housing instability
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2. Verification of Income Eligibility

<p>Based on current income:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 51% to 80% AMI <input type="checkbox"/> 31% to 50% AMI <input type="checkbox"/> 30% AMI or below 	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th colspan="4" style="text-align: center;">80% Area Median Income</th> </tr> <tr> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">80% Median</th> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">80% Median</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$54,150</td><td style="text-align: center;">5</td><td style="text-align: center;">\$83,550</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$61,900</td><td style="text-align: center;">6</td><td style="text-align: center;">\$89,750</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$69,650</td><td style="text-align: center;">7</td><td style="text-align: center;">\$95,950</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$77,350</td><td style="text-align: center;">8</td><td style="text-align: center;">\$102,150</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th colspan="4" style="text-align: center;">50% Area Median Income</th> </tr> <tr> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">50% Median</th> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">50% Median</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$33,850</td><td style="text-align: center;">5</td><td style="text-align: center;">\$52,250</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$38,700</td><td style="text-align: center;">6</td><td style="text-align: center;">\$56,100</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$43,550</td><td style="text-align: center;">7</td><td style="text-align: center;">\$60,000</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$48,350</td><td style="text-align: center;">8</td><td style="text-align: center;">\$63,850</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">30% Area Median Income</th> </tr> <tr> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">30% Median</th> <th style="width: 15%;">Household Size</th> <th style="width: 25%;">30% Median</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$20,300</td><td style="text-align: center;">5</td><td style="text-align: center;">\$31,350</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$23,200</td><td style="text-align: center;">6</td><td style="text-align: center;">\$33,650</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$26,100</td><td style="text-align: center;">7</td><td style="text-align: center;">\$36,000</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$29,000</td><td style="text-align: center;">8</td><td style="text-align: center;">\$38,300</td></tr> </tbody> </table>	80% Area Median Income				Household Size	80% Median	Household Size	80% Median	1	\$54,150	5	\$83,550	2	\$61,900	6	\$89,750	3	\$69,650	7	\$95,950	4	\$77,350	8	\$102,150	50% Area Median Income				Household Size	50% Median	Household Size	50% Median	1	\$33,850	5	\$52,250	2	\$38,700	6	\$56,100	3	\$43,550	7	\$60,000	4	\$48,350	8	\$63,850	30% Area Median Income				Household Size	30% Median	Household Size	30% Median	1	\$20,300	5	\$31,350	2	\$23,200	6	\$33,650	3	\$26,100	7	\$36,000	4	\$29,000	8	\$38,300
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Steps to Verify Income:

Household income eligibility is based on determining a household's 2020 annual income, **or**, current monthly income and using that monthly income to calculate annual income (*monthly income x12*). To be eligible, annual household income must be below 80% AMI as outlined in the tables on page 1. When calculating income, the following sources of income must be included. (*Please refer to [HUD Exhibit 5-1](#) for detailed list of sources of income to include and exclude when calculating monthly and yearly income*)

- a. Full amount of wages and salaries, commissions, fees, tips, bonuses, and other compensation
- b. Net income from operating a business or profession
- c. Interest, dividends, and other net income
- d. Periodic payments such as social security, annuities, insurance, retirement funds, disability benefits, etc.
- e. Unemployment, disability worker's compensation
- f. Welfare assistance
- g. Alimony or child support
- h. Armed forces pay

Step 1: List all income sources for the year 2020. If you are using income from the last 30 days (current monthly income), multiply the monthly income by 12 to calculate annual income. Collect documentation verifying income amounts.

Acceptable documentation includes tax return forms, paystubs, W-2s or other wage statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer. Forms of documentation may also include photocopies or digital photographs of documents, e-mails, or attestations from employers, landlords, caseworkers, or others with knowledge of the household's circumstances.

Income Source	Income Earner	Annual Income
Total Annual Income:		

Step 2: Compare annual income to eligibility table on previous page to determine eligibility.

Applicant must submit documentation to verify income. Additional information to document and verify income is included in the ERAP-2 Program Guidelines “Exhibit B: Steps to Verify Income Eligibility”. A list of acceptable documents are included as “Exhibit C: Tenant Checklist of Documents.”

If none of the listed documents are available, the applicant may provide the below Self-Attestation option.

Self-attestation of Income Eligibility Option **Reassessment Must Occur Every 3 Months**

Option 1: Household self-attesting to income eligibility and in a census tract with average incomes in eligibility range:

Fact specific proxy: *Census tract _____ with tract median income % _____*
<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>

Option 2: Household is unable to provide documentation due to:

Accommodation for disability Lack of Technological Access COVID-19 Extenuating Circumstance

Describe reason: Explanation here

3. Verification of COVID-19 Impact #1 Eligibility Criteria

Impact #1:

One or more individuals within the household has qualified for unemployment benefits

or

One or more individuals within the household experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during the pandemic, due directly or indirectly, to the coronavirus pandemic

If qualifying under the unemployment benefits criteria, complete the table below and collect documentation to verify.

Date Unemployed:	
Unemployment Benefit Application Date:	
Unemployment Benefit Qualification Date:	

If qualifying under the reduction of income/financial hardship criteria, complete the below self-attestation below.

Self-attestation of reduction in household income, incurrence of significant costs, or experiencing other financial hardship during the pandemic, due directly or indirectly, to the coronavirus pandemic.

Household is attesting that due, directly or indirectly, to the coronavirus pandemic they have experienced:

Reduction in household income Incurred significant costs Experienced other financial hardship

Describe:

4. Verification of COVID-19 Impact #2 Eligibility Criteria

Impact #2

- One or more individuals within the household can demonstrate a risk of experiencing homelessness
- or
- One or more individuals within the household can demonstrate a risk of experiencing housing instability

*** If the household has rental arrears, then the completed Agreement to Accept Rent Assistance form is sufficient for documentation and the rest of section 4 can be skipped.**

Identify and collect documentation if a member of the household has experienced an increased risk of homelessness or housing instability since April 2020 due to the COVID-19 pandemic as a result of any of the following:

- Nonpayment of Rent Notice
- Document showing that utilities paid to the landlord are overdue
- Note or email from landlord about unpaid money
- Court documents (eviction related or restraining order)
- Note from roommate showing that they are doubled or tripled up
- Documentation of unsafe or unhealthy living conditions such as pictures or communication with the landlord about needed repairs
- Letter from case worker, domestic violence advocate, lawyer, or medical professional about substandard housing
- Letter from worker, domestic violence advocate, lawyer, or medical professional about risk of homelessness or housing instability

If documentation is not immediately available, then complete the table Self-attestation below.

Self-attestation of increased risk of homelessness or housing instability since April 2020

Household is attesting that due, directly or indirectly, to the coronavirus pandemic they have experienced:

- Risk of eviction
- Risk of lease termination
- Living 'doubled up' in another residence
- Unable to pay rent
- Unable to pay utilities
- Using credit cards for rent or utilities
- Unsafe or unhealthy building conditions such as inoperable or undependable utilities such as heat, electric, and water; the presence of mold; or a rodent or insect infestations
- Unsafe or unhealthy living conditions such as domestic violence.
- Other, describe below:

Describe:

5. Verification of rental agreement and rent/rent arrears owed

*** Complete section 5 only if the payment is being made directly to the Renter household. If the payment is being made to the Landlord, the forms completed by the Landlord meet the requirements of section 5.**

Is a lease or rental agreement available?

- Yes – (if yes, submit a lease or rental agreement with the application that includes the address of the rental unit and amount of monthly rent)
- No – (if no, provide alternative documentation verifying address of rental unit and amount of monthly rent – evidence may include bank statements, check stubs, or other documentation that reasonably establishes a pattern of paying rent)

Is documentation of rent arrears or rent owed available?

Yes – (if yes, submit documentation with the application that includes the name of the renter, address of the rental unit, and rent arrears and rent owed by month *[not a lump sum]*)

No – (if no, applicant may complete the self-attestation below to receive a maximum of 3 months of assistance at 100% of the amount established by the relevant FMR or SAFMR for the bedroom size and zip code found here: https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_geography_erap.odn)

Self-attestation of rent arrears and rent owed

Household is attesting that due to the coronavirus pandemic they owe rent arrears and rent in the amount of \$_____ for #_____ months for the rental unit at the following address: _____, which contains #_____ bedrooms (*studio apartments are 0 bedrooms*).

6. Eviction Notice for Non-payment of Rent

Has the household received an eviction notice for non-payment of rent?

Yes (if yes, submit a copy of the eviction notice with the application) No

7. Head of Household Information

Name (First and Last)	Phone Number
-----------------------	--------------

Email Address:

Street Address

City	State	ZIP
------	-------	-----

Landlord Information (to send payment) – *not required if Renter requesting direct payment (section 5)*

Name	Phone Number
------	--------------

Street Address

City	State	ZIP
------	-------	-----

8. Assistance Requested

Do you receive Section 8 or any other Housing Assistance payments? Yes No

If Yes, what is your portion (the tenant portion) of the rent? \$_____

Have you previously received ERA-1 rent assistance? Yes No

If Yes, how many months of assistance? _____ (**maximum limit is 18 months of ERAP 1 and ERAP-2**)

Rent Payment Type	Month(s)	Year	Amount \$

Date Requested:		Total Amount Requested:	

9. Signature and Self-Attestation

"I certify that the information on this intake form is true and accurate to the best of my knowledge. I also certify that I have not received rental assistance due to COVID-19 for the same month(s) from a different organization or program. In addition, I consent to the release of information in this application to the United States Department of the Treasury for any reporting or compliance purposes."

Client Signature _____ Date _____

Case Worker/Agency Staff Signature _____ Date _____

Case Worker/Agency Staff Contact Info: Email _____ Phone _____

10. Head of Household (HoH) Data

ServicePoint Client # _____ (for returning clients if available)

First Name	Last Name	Date of Birth
Have you ever served in the US armed forces? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to Respond		
Housing Move-in Date (not required for Eviction Prevention)	SSN Data Quality <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Full <input type="checkbox"/> Partial (last 4) SSN(OPTIONAL) ____ - ____ - ____	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)	Ethnicity <input type="checkbox"/> Latinx/Hispanic <input type="checkbox"/> Non-Latinx/Non-Hispanic <input type="checkbox"/> Declined to Respond	
Race (select all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Declined to Respond		
Additional Race/Origin Information (select all that apply) <input type="checkbox"/> African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Slavic		
Primary Language	Does the Client Have a Disabling Condition? <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent of Median Household Income (Select ONE option) <input type="checkbox"/> 0-30% MFI <input type="checkbox"/> 30-50% MFI <input type="checkbox"/> 50-80% MFI		
Source: 2021-income-and-rent-limits.pdf (portland.gov)		

11. Other Adult (18+ years of age) Data		
ServicePoint Client # _____ (for returning clients if available)		
First Name	Last Name	Date of Birth
Have you ever served in the US armed forces? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to Respond		
Relationship to Head of Household <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other (related) <input type="checkbox"/> Other (not related)	SSN Data Quality <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Full <input type="checkbox"/> Partial (last 4) SSN(OPTIONAL) ____ - ____ - _____	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)	Ethnicity <input type="checkbox"/> Latinx/Hispanic <input type="checkbox"/> Non-Latinx/Non-Hispanic <input type="checkbox"/> Declined to Respond	
Race (select all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Declined to Respond		
Additional Race/Origin Information (select all that apply) <input type="checkbox"/> African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Slavic		
Primary Language	Does the Client Have a Disabling Condition? <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Yes <input type="checkbox"/> No	

12. Child (under 18 years of age) Data		
ServicePoint Client # _____ (for returning clients if available)		
First Name	Last Name	Date of Birth
Relationship to Head of Household <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other (related) <input type="checkbox"/> Other (not related)	SSN Data Quality <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Full <input type="checkbox"/> Partial (last 4) SSN(OPTIONAL) ____ - ____ - _____	
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Additional Race/Origin Information (select all that apply) <input type="checkbox"/> African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Slavic		
Primary Language	Does the Client Have a Disabling Condition? <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Yes <input type="checkbox"/> No	

13. Child (under 18 years of age) Data		
ServicePoint Client # _____ (for returning clients if available)		
First Name	Last Name	Date of Birth
Relationship to Head of Household <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Child <input type="checkbox"/> Other (related) <input type="checkbox"/> Other (not related)	SSN Data Quality <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Full <input type="checkbox"/> Partial (last 4) SSN(OPTIONAL) ____ - ____ - _____	
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Primary Language	Does the Client Have a Disabling Condition? <input type="checkbox"/> Declined to Respond <input type="checkbox"/> Yes <input type="checkbox"/> No	



In accordance with federal guidance, landlord agrees to not evict the tenant for nonpayment of rent during the period covered by the rent assistance being accepted. By agreeing to allocate any portion or all of the Rental Assistance to prospective rents, owner/manager does not waive the right to collect any rental arrears that Tenant has incurred since April 2020, nor does owner/manager waive the right to lawfully evict tenant for lease violations other than non-payment of rent. Any owner/manager receiving CDBG-CV funds, or other COVID-19 rent assistance resources, agrees to repay the assistance if the assistance is determined to be duplicative.

Owner/Manager - Signature

Date



COVID-19 Emergency Rent Assistance Program: ERAP-2

Landlord and Rent Information Form

Resident Information:

Name: _____

Address: _____

Rent, Rent Arrears, and Rent Assistance Information:

Rent

i. Monthly Rent per the Rental Agreement: _____

Rent Arrears

i. # of Months with Rent Arrears: _____

ii. Total amount of Rent Arrears: _____

Rent Assistance

i. Total amount of Rent Assistance provided: _____

ii. # of Months of Rent Arrears covered with Rent Assistance: _____

iii. Total amount of uncovered Rent Arrears: _____

iv. # of Months of Prospective Rent covered with Rent Assistance: _____

Owner/Property Management Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

(Checks will be made payable to this name and sent to this address)



Additional Required Documents:

- **W-9:** Home Forward needs a **completed and signed** W-9.
- **Property Management Agreement:** Checks made to a third party will require a Property Management Agreement. This is only required when setting up a new account. (Additional documents can be submitted to the Partner Agency or directly to Home Forward)

Current Landlord Accounts:

If you have a current account with Home Forward:

Please be aware that payments will be sent by direct deposit or mailed to the address we have on file unless you contact Home Forward to change account information.

Landlord/Property Manager Certification:

By signing below, I certify that all information provided on this form is true and correct. I authorize Home Forward to record payments for IRS purposes and to issue payments according to the information above.

Signature of Landlord: _____ **Date:** _____

For any questions about this form, please contact
Home Forward by email at: CVRRPpartners@homeforward.org



**NW Social Service Connections' HMIS/CMIS
Client Consent to Release of Information for Data Sharing in Multnomah County**

Northwest Social Service Connections' Homeless Management Information System / Client Management Information System (HMIS/CMIS) is a computer system that is used to collect and share information on homelessness and social services throughout Multnomah County. The information gathered by HMIS/CMIS allows agencies to plan and deliver services that help people in need. By sharing information with each other, agencies are able to simplify service delivery by coordinating services and referrals across agencies.

Maintaining the privacy and safety of those using our services is very important to us. The HMIS/CMIS runs in compliance with all Federal and State laws and codes, including Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has been trained on client confidentiality policies and has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights ended and may be subject to further penalties.

Services will not be denied should you choose not to share information. Information will still be collected and entered because of our federal and state requirements. **Certain minimum client information is shared throughout our HMIS/CMIS in order to avoid creating duplicate client records.** Authorized HMIS/CMIS persons at participating community agencies will be able to see the following data elements of all client records:

- First Name
- Last Name
- Date of Birth
- Veteran Status
- Gender
- Social Security Number (required for specific services)

Please read the following statements and consult with your agency staff if you have any questions:

I UNDERSTAND THAT:

- I will not be denied services if I decline to share my data beyond the minimum requirements.
- The release of my information does not guarantee that I will receive assistance.
- The partner agencies will share my basic identifying information (Name, DOB, Veteran Status, Gender, SSN) in order to improve service delivery and reduce duplicate data collection.
- Any details about the programs I participate in or information I share with agency staff will not be disclosed to any third party unless I give written authorization or it is otherwise required by law. We must still report some information because of our federal, state or funder requirements.
- This authorization will remain in effect for 7 years unless I revoke it in writing by signing a written statement or Revocation form.
- I understand that I may cancel my consent to data sharing at any time. However, doing so will not change information that has already been given out or actions already taken. Revocation will be effective as of that date.
- I have the right to see my HMIS/CMIS record, ask for changes, and to have a copy of my record from this agency upon written request.
- I have the right to file a complaint if I feel I have been harmed in some way by the use of HMIS/CMIS.
- I have the right to receive a copy of the HMIS/CMIS Notice to Clients of Uses and Disclosures.



Maintaining the privacy and safety of those using our services is very important to us. Your record will only be shared if you give us permission to do so. There may be risks and/or benefits for you to consider before you decide whether or not to consent to the release of information.

By writing your initials below, you agree to share the following level of information for yourself and all household members listed below with other Northwest Social Service Connections' HMIS/CMIS partner agencies:

- _____ 1) In addition to the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I agree to share** additional demographic information (including Race and Ethnicity), program enrollment and exit Information, information about the nature of my situation, services and referrals I receive, and contact information via the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

- _____ 2). Beyond the minimum required data elements (Name, DOB, Gender, Veteran Status, SSN), **I DO NOT agree to share** any additional information through the Northwest Social Service Connections' HMIS/CMIS with other Northwest Social Service Connections' HMIS/CMIS partner agencies.

Please list the names and dates of birth of all household members participating in services:

Client/Parent or Guardian Name <i>(please print)</i>	Client/Parent or Guardian Signature	Date
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If applicable:

Additional Adult's Name <i>(please print)</i>	Additional Adult's Signature	Date
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Agency Personnel Name <i>(please print)</i>	Agency Personnel Signature	Date
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COVID-19 Emergency Rent Assistance Program: ERAP-2

Landlord Engagement Attempt Form

I, _____ (Agency Staff Name), certify that _____ (Agency) has made good faith efforts to arrange ERAP-2 payments connected with the application for _____ (Name of Head of Household from application) with the landlord/owner listed below.

Landlord/Owner Information:

Name: _____	
Address: _____	
Phone Number: _____	Email: _____

The landlord identified above has been unresponsive or is refusing ERAP payments.

<i>Provide brief description of the efforts to engage the landlord:</i>

Agency Staff Person Name

Date

Agency Staff Person Signature