



Emergency Rental Assistance Program

Applicant Information

Name
Derricka V Blue

Date of Birth
[REDACTED]

Age
27

Gender
Female

Address
6337 N Boulder Ave, Tulsa, Oklahoma 74126

Email
tsnewton00@gmail.com

Phone
(918) 269-8916

Mobile Number?
Yes

By providing your mobile number, you agree to receiving periodic SMS or MMS messages regarding your application. Message and data rates may apply.

Do you have a social security number?
Yes

Social Security Number

Preferred Spoken Language
English

Ethnicity
Not Hispanic

Race
Black/African American

Disabled
No

Are you currently renting?
Yes

What are the current terms of your lease?
Annual Agreement

Lease End Date
4/1/2021

Current Employment Status
Unemployed

Have you been employed between 12/16/2020 and 3/16/2021?
No

Do you plan to move in the next three months?
No

Is someone helping you complete this form?
Yes

If so, please indicate relationship
Landlord or Property Manager

Name of Person who Assisted in Completing this Application
Tim Newton

Phone
(918) 510-5773

Email
tsnewton00@gmail.com

In the event that it is necessary to process your application, do we have permission to contact this person?

Yes

Are you a Veteran?

Not a Veteran

COVID-19 Hardship

Who in your household was financially affected by COVID-19?

Myself/Applicant Only

Were you, or the affected household member, employed or self-employed/own business?

Employed

How were you, and/or other leaseholder(s), financially impacted by COVID-19?

Reduction in Household Income

Reduction in Income - Please select all that apply

Employment Termination

Sick and unable to work

Have you been homeless before?

Yes

How many times have you been homeless?

Twice

Select at least one of the housing risk factors that applies to your household situation

I have past due rent and utility bills

Have you received a disconnect notice from your utility provider?

No

What was the first month your family was financially impacted by COVID-19?

August, 2020

How many months are you behind in rent?

3

Is your landlord willing to waive late fees in the event that you receive assistance?

Yes

Do you need assistance paying for future rents?

No

Has anyone in your household experienced domestic violence?

No

Are there additional household members that are currently living in the unit?

Yes

Household Members

Members

Member 1

| | | | | |
|------------------------------------|------------------------------------|------------------------|----------------------------------|---------------------------------------|
| Name Oren Verner | Relationship Other Adult | Sex Male | | |
| Date of Birth [REDACTED] | Age 74 | Disabled Yes | Ethnicity Not Hispanic | Race Black/African American |

Current Employment Status

Unemployed

Have you received unemployment since March 13, 2020?

No

Does any household member have income?

No

Total Members

2

Lease

Please provide the following information regarding your lease.

| | |
|-------------------------------------|-----------------------------------|
| Lease Start Date 4/1/2020 | Lease End Date 4/1/2021 |
|-------------------------------------|-----------------------------------|

Monthly Contract Rent

\$750.00

Type of House/Apartment

Single Family Detached / House

Bedrooms

3 Bedrooms

IMPORTANT: If approved, funds will be sent to the property owner/management company. Please provide complete owner information so that we may find the property owner's account if they exist or contact them to set up a new account if they do not.

To help expedite your application please provide as much documentation possible

Owner Name

Dream Co

Owner Address

Phone

(918) 812-4049

Email

aaron.matthew.johnson@gmail.com

Does the owner participate in the City of Tulsa Gold Star landlord program?

I am not sure

Do you need assistance with utilities?

No

Prior and Current Rental Assistance

Families currently receiving other federally subsidized rental assistance may be eligible for ERAP Assistance. Assistance for families receiving subsidy under the HCV or Public Housing Program may not exceed the tenant owed portion of the obligated contract rent.

Please provide the following information regarding your current rental assistance benefits.

Since March 2020 have you received and/or are you currently receiving Housing Choice Voucher (Section 8) or Public Housing Assistance?

Yes

Program Type

Housing Choice Voucher (Section 8)

When did your benefits start?

4/1/2020

Have your benefits ended?

No

How much is your portion of the rent?

\$350.00

Families who have received or are currently receiving other rental assistance may be required to show evidence of their rent portion.

Applicant Certification

I, Derricka V Blue, certify that I rent the property located at 6337 N Boulder Ave, Tulsa, Oklahoma 74126 for a monthly rent of \$750.00.

Yes

I, Derricka V Blue, certify that I, or my household members, have experienced a financial impact due to the COVID-19 pandemic and is currently at risk of experiencing homelessness or housing instability.

Yes

I, Derricka V Blue, certify that the income from all sources reported on this application is correct and that I receive an estimated \$0.00 per year.

No / I do receive other forms of assistance

I, Derricka V Blue, am submitting this application fully aware that I will be subject to corresponding criminal, civil and administrative liabilities for any fraud or misrepresentation of information on my application.

Yes

Applicant Certification

I, Derricka V Blue, consent to allow Restore Hope Ministries (RHM) to request and obtain income information from the sources listed below for the purpose of verifying my eligibility and level of benefits for this housing program. I authorize RHM to 1) request verification of salary and wages from current or previous employers; (2) request wage and unemployment compensation information from the state agency responsible for keeping that information; and 3) request verification of my assets from financial institutions. I understand that the income information received by RHM under this consent form cannot be used to deny assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.


Yes

I, Derricka V Blue, am submitting this application fully aware that I will be subject to corresponding criminal, civil and administrative liabilities for any fraud or misrepresentation of information on my application

Yes

The undersigned being warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statements made of his/her knowledge are true; and all statements made on information and belief are believed to be true.

Signature

A handwritten signature in black ink that reads "Derricka Blue". The signature is written in a cursive, flowing style and is positioned above a thin horizontal line.