



# Tenant Application

<b>DO NOT</b> submit supporting documents with this application. <b>Hard Copy and Online Applications ONLY.</b> <b>Applications will NOT be accepted via email. PRINT CLEARLY</b>	<b>Official Use Only (Cycle 5)</b>	
	Date:	Case#: ERA215-

**FINANCIAL ASSISTANCE REQUEST**

Have you ever applied or received assistance under ERA?  NO  Yes If Yes, please list ERA case number \_\_\_\_\_

I am applying for the following assistance: (check all that apply)

**APPLICANTS MUST BE ON LEASE AGREEMENT**

Rent  Rent Past Due  Accrued Late Fees

Displacement Assistance – limited to a maximum 30 days (Tenant rules apply and must comply with Hotel rules)

Relocation Assistance

(Must remain in unit for 6 months for continued assistance)

Utilities: \_\_\_\_\_  
 Power \_\_\_\_\_ Water \_\_\_\_\_ Trash Removal \_\_\_\_\_  
 Utilities Past Due \_\_\_\_\_  
 Power \_\_\_\_\_ Water \_\_\_\_\_ Trash Removal \_\_\_\_\_

## TENANT INFORMATION

Last Name:		First Name:		Middle:	DOB (MM/DD/YYYY)
Gender	Marital Status	Contact Numbers Home#:	Work#:	Cell#:	Email Address:
Race: American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>				Are you an Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate which branch?	
Physical Address Street:		City:		Zip Code:	
Mailing Address Street:		City:		Zip Code:	

## HOUSEHOLD INFORMATION

Provide the following information for yourself and all family members in your household, including family members who are temporarily away (i.e. deployment, college student, off-island medical, etc.) Household members should not be listed on another Tenant Application Form).

Full Name	Relationship	DOB	Status
	<b>SELF</b>		

I have attached a separate sheet of paper with additional names.

## COVID IMPACT

The ERA Program provides funding to assist households to pay rent and utilities that have been impacted during the COVID-19 pandemic.

Has any household member experienced a reduction in income, incurred significant costs, or experienced other financial hardship, directly or indirectly during the COVID-19 pandemic?  
 No  If yes, list the household member(s): \_\_\_\_\_

Have any of these household members been unemployed for more than 90 days during COVID-19 pandemic? Yes  No   
 If yes, list the household member(s) and number of days : \_\_\_\_\_

## DEMONSTRATION OF RISK

Do you receive any financial assistance (government, nonprofit organization) to help pay for rent?  
 No If Yes, check the type of assistance below:  
 Housing Choice Voucher (Section 8)  Public Housing  Project-Based Rental Assistance  
 Other \_\_\_\_\_

How much do you pay for rent? \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, bi-weekly, monthly, etc.)

Are you current with your rent payments? Yes  If no, how many months late? \_\_\_\_\_

Name of your landlord and/or company \_\_\_\_\_ Contact No. \_\_\_\_\_

Is your landlord aware you are applying for emergency rental assistance? Yes  No

Are your utilities past due? No  If yes, which utility (check all that apply) Power  Water  Trash Removal

## HOUSEHOLD INCOME INFORMATION

Have all adult (must be 18 yrs. and older) household members (not claimed by others) filed their 2021 taxes? *Note: If your current income is significantly different from 2021, please use Table B.*

**Table A**                      **IF "YES", complete Table A and C**                      **IF "NO", complete Table B and C**

Full Name	2021 Tax Form (1040 or 1040-SR)	Adjusted Gross Annual Income (Amount on line 11)
		\$
		\$
		\$
		\$
<input type="checkbox"/> I have attached a separate sheet of paper with additional names.	<b>Total</b>	\$

**Table B**

Full Name	Type of Income (Wages, self-employed, child support, alimony, retirement, SSI, veteran benefits, social security, etc.)	Source of Income (Who you receive it from, such as name of employer, Social Security Office, military retirement, etc.)	Amount of Monthly Income
			\$
			\$
			\$
			\$

Are you or anyone in your household receiving unemployment benefits (PUA, FPUC, LIHWAP, LIHEAP)? If yes, complete this table.

Full Name	Start Date	End Date	Total Weekly Amount
			\$
			\$
			\$
			\$
<input type="checkbox"/> I have attached a separate sheet of paper with additional names.	<b>Total</b>		\$

**Table C**

Do you or any of the members of your household receive income from the following sources? If yes, give total monthly amount for the entire family.

Source of Assistance	Yes	No	Monthly Amount
SNAP			\$
WELFARE			\$
MEDICARE			\$
MEDICAID			\$
OTHER (PUA, FPUC, LIHWAP, LIHEAP)			\$
<input type="checkbox"/> I have attached a separate sheet of paper with additional names.	<b>Total</b>		\$

Have you described all your household's monthly income in the questions above? Yes \_\_\_\_ No \_\_\_\_

If No, from what other source(s) do you receive income? \_\_\_\_\_

What monthly amount do you receive from these source(s)? \$ \_\_\_\_\_

## CERTIFICATION AND SIGNATURES

I confirm that I have read and understand the statements listed below.

**(Initials required on each line.)**

\_\_\_\_\_ I understand that the information provided in this application strictly determine if my household qualifies or not for the Emergency Rental Assistance program administered by the Department of Administration.

\_\_\_\_\_ I do hereby certify under the penalty of perjury that all the information contained in this pre-application as well as any additional information and/or documentation provided in support of it, is true and correct.

\_\_\_\_\_ I understand that to knowingly make false statements concerning any of the above information results in disqualification from the Emergency Rental Assistance Program.

\_\_\_\_\_ I understand that assistance for any costs related to displacement is limited to 30 days.

\_\_\_\_\_ I understand and acknowledge that making false statements is a crime under Federal and Guam laws.

\_\_\_\_\_ I understand that the ERA program provides a maximum of 18 months of assistance (combined under ERA1 and ERA2 of either rent and/or utilities per household)

\_\_\_\_\_ I understand that by requesting Relocation Assistance, if approved, I will not be able to receive relocation assistance for a different location for 6 months.

\_\_\_\_\_ I am responsible for the contents and understand that the information contained in such documents are intentional and accurate representations.

**WARNING** Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.**

Print and Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Meets eligibility criteria (check all that apply to the household)

\_\_\_\_\_ Qualifies for unemployment; or household income impacted during the COVID-19 pandemic?

\_\_\_\_\_ Demonstrates risk of homelessness or housing instability

Total annual household income \$ \_\_\_\_\_ Household member size \_\_\_\_\_

Household member unemployed for 90+ or more days \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Is the household eligible for the ERA program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Notes:

Reviewed and certified by: ERA CSR REP \_\_\_\_\_

Date: \_\_\_\_\_