



Tenant Application

DO NOT submit supporting documents with this application. **Hard Copy Applications ONLY.**
Applications will NOT be accepted via email. PRINT CLEARLY.

Official Use Only (Cycle 5)

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)

Utilities:

APPLICANTS MUST BE ON LEASE AGREEMENT

Power _____ Water _____ Trash Removal _____

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

Utilities Past Due

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

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
	SELF		

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 (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.		Total
		\$

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.			Total
			\$

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.			Total
			\$

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 ion 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: _____

*****OFFICIAL USE ONLY*****

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

Is the household eligible for the ERA program?

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

Yes _____ No _____

_____ Demonstrates risk of homelessness or housing instability

Notes:

Total annual household income \$ _____ Household member size _____

Reviewed and certified by: ERA CSR REP _____

Household member unemployed for 90+ or more days _____ Yes _____ No _____

Date: _____