



Tenant Pre-Application

Official Use Only (Cycle 2)	
Date:	Case#: ERA212-

PRINT CLEARLY.

DO NOT submit supporting documents with this application. If submitting by email, PDF format only.

FINANCIAL ASSISTANCE REQUEST

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

Rent
 Utilities: power, water, trash removal
 Rent Past Due
 Utility Past Due: power, water, trash removal
 Accrued Late Fees

TENANT INFORMATION

Name (Last, First and Middle)			DOB (MM/DD/YYYY)	
Gender	Marital Status	Contact Numbers Home#: Work#: Cell#:	Email Address	
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino				

Physical Address (suite/apartment#, street, city, state, zip)

Mailing Address, if different from physical address

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 Pre-Application Form.

Full Name	Relationship	DOB	Status <small>(employed, unemployed, student, homemaker, retired, etc.)</small>
	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 by COVID-19.

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

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

DEMONSTRATION OF RISK

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

Are you listed on the lease agreement? Yes No
 How much do you pay for rent? \$_____ per _____ (weekly, bi-weekly, monthly, etc.)
 Are you current with your rent payments? Yes No 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? Yes No If yes, which utility (check all that apply): power, water, trash

HOUSEHOLD INCOME INFORMATION

Have all adult household members (not claimed by others) filed their 2020 taxes? *Note: If your current income is significantly different from 2020, please use Table B.*

Yes, complete Table A and C No, complete Table B and C

Table A

Full Name	2020 Tax Form (1040 or 1040-SR)	Adjusted Gross 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 <small>(wages, self-employed, child support, alimony, retirement, SSI, veteran benefits, social security, etc.)</small>	Source of Income <small>(who you receive it from, such as name of employer, Social Security Office, etc.)</small>	Amount of <u>Monthly</u> Income
			\$
			\$
			\$
			\$
			\$
<input type="checkbox"/> I have attached a separate sheet of paper with additional names.			Total \$

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

Full Name	Start Date	End Date	Total <u>Weekly</u> 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.

Sources of Assistance	Yes	No	Monthly Amount
SNAP (Food Stamps)			\$
Welfare			\$
Medicare			\$
Medicaid			\$
Other			\$
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 is strictly to determine if my household pre-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 results in being disqualified from participating in the Employment Rental Assistance program.

_____ I understand and acknowledge that making false statements is a crime under Federal and Guam law.

_____ 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.**

I am submitting my application via email, checking this box indicates my true intention to apply for the ERA Program. I understand I must still sign my application upon Pre-Qualification.

Signature of Applicant: _____ Date: _____

(Type Name if submitting electronically)
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Meets eligibility criteria (check all that apply to the household) ___ Qualifies for unemployment; or household income impacted due to COVID-19 ___ Demonstrates risk of homelessness or housing instability ___ Household income is at or below 80% AMI Total household income \$ _____ Household member size _____ *Total household income at 50% or below ___ Yes ___ No *Household member unemployed for 90+ days ___ Yes ___ No *Priority household	Does the household pre-qualify for the ERA program? ___ Yes ___ No Notes: Reviewed and certified by: _____ Date _____ ERA Intake Worker
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