



Tenant Pre-Application

Official Use Only (Cycle 4)	
Date:	Case#: ERA214-

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 Rent Past Due
 Accrued Late Fees
 Displacement Cost (limited to 90 days)

Utilities:
 Power
 Water
 Trash Removal
 Internet

Utilities Past Due:
 Power
 Water
 Trash Removal
 Internet

TENANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____ DOB(MM/DD/YYYY) _____

Gender	Marital Status	Contact Numbers Home#: _____ Work#: _____ Cell#: _____	Email Address
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Race: _____

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 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?

If yes, list the household member(s): _____

Have any of these household members been unemployed for more than 90 days due COVID-19?

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?

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?

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

Are you current with your rent payments? 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?

Are your utilities past due? If yes, which utility (check all that apply):
 Power Water Trash Internet

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.*

IF "YES", complete Table A and C

IF "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 Monthly 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 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.

Sources of Assistance	Monthly Amount
SNAP (Food Stamps)	\$
Welfare	\$
Medicare	\$
Medicaid	\$
Other	\$
Total	\$

Have you described all your household's monthly income in the questions above?

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 that assistance for any costs related to displacement is limited to 90 days.

_____ 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)
***** OFFICIAL USE ONLY *****

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