



Continuation of Financial Assistance Request Form

Date: _____

HAF Case #: _____

| | |
|------------------------------------------|--|
| Applicant (Last Name, First Name, MI) | |
| Co-Applicant (Last Name, First Name, MI) | |
| Contact # | |
| Email address | |

I/We do hereby submit the following request for continued financial assistance (check all that apply):

- Mortgage Mortgage Legal Fee
- Utility GPA GWA GSWA Private Service Provider
- Property Tax Year 2020 Tax Year 2021 HOA _____

I/We am/are requesting for a continuation of financial assistance due to:

I/We confirm that I/we read and understand the statements listed below. (Initials required on each line)

- _____ I/We understand this request is for one month's payment only.
- _____ I/We understand to submit updated required documentation to support the request.
- _____ I/We understand payments will be made for the current month only, and no advance payments will be made.
- _____ I/We understand the maximum amount of financial relief assistance per household is up to \$26,550.
- _____ I/We understand that once I/We reach the maximum amount, I/We will no longer be able to receive financial assistance.

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.**

Signature of Applicant: _____

Date: _____

Signature of Co-applicant: _____

Date: _____

| Financial Assistance Summary <i>(For official Use only)</i> | | | |
|-------------------------------------------------------------|------------------------------------------------|-----------------------------|------------------------|
| Amount of assistance: \$ _____ | Total remaining amount of assistance: \$ _____ | | |
| Month of request: _____ | Mortgage: \$ _____ | HOA: \$ _____ | GPA: \$ _____ |
| GWA: \$ _____ | GSWA: \$ _____ | Private Lender: \$ _____ | Property Tax: \$ _____ |
| Remaining balance \$ _____ | | Batch Payment Number: _____ | |
| Reviewed by: _____ | Approved by: _____ | Date: _____ | |