



Continuance of Assistance

If you need continuance of assistance after your initial application, submit the Continuance of Assistance Request Form and tell us why you require continued assistance.

Documents you will need to submit with your request are:

- Updated copies of your last 2 pay stubs
- Rental ledger
- Latest utility billing(s)

Continuance status is for 3 months at a time, and staff will reassess your application at the end of each 3-month period as long as you have not reached the maximum capacity of 18 months allowed by the U.S. Treasury.

Continuance of Assistance form must be submitted to the ERA Program office located on the 2nd floor, Suite 219, ITC building in Tamuning, 8:00am to 4:00pm Monday to Friday.



Guam Emergency Rental Assistance Program CONTINUANCE OF ASSISTANCE REQUEST FORM

DATE: _____

ERA Case Number: _____

I, _____ do hereby submit the following

(Print First and Last Name)

Request for Continued Assistance for: **Rent** **Utilities** *(check all that apply)*

Current Contact Number(s): Home _____ Work _____ Cell _____

Has your financial situation changed since your initial application? No Yes

I am still experiencing financial hardship because:

I confirm that I have read and understand the statements listed below. ***(Initials required on each line.)***

I acknowledge that this request is within 90 days required since my initial assistance and failure to do so will result in an automatic disqualification and I will need to reapply.

_____ I understand that this request covers 3 months only. Should I require more assistance, I will have to submit another Continuation of Assistance Request Form for each 3-month period.

I understand that I must submit updated documentation as required by the _____ to support this request.

I understand that payments will be made for the current month or any arrears. Prospective payments maybe made if I do not have arrears.

_____ I further understand that the maximum assistance through the ERA is **capped at 18 months per household at all locations assisted** and I will no longer be able to receive assistance from ERA once I have reached the maximum months.

Certification and Signature

WARNING: Title 18, Section 1001 of United States Code states that a person *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 LAW.*

Tenant Signature _____

Date _____