



## **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. *\*Can add to initial request for assistance - ex. If only requested for rental assistance and now need utilities or requested for utilities and now need rental assistance\**

Documents you will need to submit with your request are:

- Updated copies of your last 2 pay stubs
- Rental ledger (*if requesting assistance*)
- Latest utility billing(s) (*power, water, and / or trash if requesting assistance*)

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 \_\_\_\_ Power \_\_\_\_ Water \_\_\_\_ Trash \_\_\_\_ (check all that apply)

Current Contact Number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Current Email: \_\_\_\_\_

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 of my initial/previous 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 / additional documentation as required by ERA to support this request.

\_\_\_\_ I understand that payments will be made for the current month and/ or any arrears. Prospective payments may be made if I do not have arrears.

\_\_\_\_ I further understand that the maximum assistance through the ERA is **capped at 18 months** (combined assistance rent and/or utilities assistance 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 \_\_\_\_\_