



Guam Emergency Rental Assistance Program



Landlord Verification Information

Landlord Name	
Mailing Address	
Contact Numbers	
Email Address	
Tenant Name	
Physical Address of Rental Unit	
Contact Numbers	
Email Address	

Above said Tenant has rented since _____ to _____.

Amount of rent \$_____ per _____ (weekly, bi-weekly, monthly) _____ # Bedrooms

Is rent in arrears? _____ No _____ Yes

If yes, number of late payments _____ Amount in arrears \$_____ (not including late fees).

List month(s) in arrears _____

Late fees incurred? ___ No ___ Yes If yes, amount in late fees \$_____ (total late fees due).

Initials	Certification by Landlord
	I understand the Tenant is applying for financial assistance through the Emergency Rental Assistance Program.
	I hereby agree to participate in the Emergency Rental Assistance Program. Attached is a copy of my business license and W-9. (if applicable, Property Management agreement and broker's license).
	I hereby certify under the penalty of perjury that all the information contained in this form as well as any additional information and/or documentation provided in support of it, is true and correct and further understand that making false statements is a crime under Federal and Guam law.
	I authorize the Department of Administration or any of its duly authorized representatives to verify all information provided on this form, to include site visits of the tenant's physical address.
	I hereby agree to receive rent payments via electronic method. Attached is the vendor electronic funds transfer form with my or my property manager's bank account information.
	I acknowledge that in agreeing to receiving rent payments from GERA on behalf of tenant. I agree to refrain from eviction of tenant for 90 days from date of this acknowledgement and for the duration tenant has an active ERA application notwithstanding any infraction by the tenant in accordance with rental agreement.
	I understand that GERA, will only assist tenant, if approved, up to the fair market rent as identified by HUD. I further understand that late fees are limited to no more than 10% of the monthly rent or HUD FMR maximum, if applicable, for each month.
	I acknowledge that GERA will assist tenant, if approved, up to a maximum of 18 months total assistance per household at all locations, including any previous locations assisted.
	I understand that relocation assistance may include security deposit which I will return to tenant upon expiration of lease agreement and tenant is no longer my tenant notwithstanding any usual reasons to withhold security deposit (i.e. property damage, unpaid tenant rent, etc).
	I acknowledge that security deposits for relocation assistance with GERA will only be paid if tenant application is submitted and deemed qualified within 30 days of signed lease agreement.
	I understand that initial assistance will be up to current month. Any future assistance, if applicable, will require a Continuance of Assistance Request to be submitted by the applicant.

Landlord Signature: _____ Date: _____

Tenant Signature: _____ Date: _____