



Tenant Application

DO NOT submit supporting documents with this application. Hard Copy and Online Applications ONLY. Applications will NOT be accepted via email. PRINT CLEARLY	Official Use Only (Cycle 6)	
	Date:	Case#: ERA216-

FINANCIAL ASSISTANCE REQUEST

Have you ever applied or received assistance under ERA? NO Yes If Yes, please list ERA case number _____

I am applying for the following assistance: (check all that apply) **Utilities:**
APPLICANTS MUST BE ON LEASE AGREEMENT Power _____ Water _____ Trash Removal _____
 Rent Displacement Assistance – limited to a maximum 30 days (Tenant rules apply and must comply with Hotel rules)
 Relocation Assistance (Must remain in unit for 6 months for continued assistance)

TENANT INFORMATION

Last Name:		First Name:		Middle:	DOB (MM/DD/YYYY)
Gender (M/F/Non Binary/ Not Disclosed)	Marital Status	Contact Number: Home#:	Work#:	Cell#:	Email Address:
Race:	American Indian or Alaskan Native _____ Black or African American _____ White _____ Hispanic or Latino _____ Native Hawaiian or Pacific Islander _____ Mixed _____ Not Disclosed _____	Asian _____	Are you an Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate which branch?		
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 Application Form).

Full Name	Relationship	DOB	Employment Status
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 during the COVID-19 pandemic.

Has any household member experienced a reduction in income, incurred significant costs, or experienced other financial hardship, directly or indirectly during the COVID-19 pandemic (March 13, 2020)?
Yes ___ No ___ If yes, list the household member(s): _____

Have any of these household members been unemployed for **more than 90 days** during COVID-19 pandemic? Yes ___ No ___
If yes, list the household member(s) and date(s) affected (from to duration date range)

DEMONSTRATION OF RISK

Do you receive any financial assistance (government, nonprofit organization) to help pay for rent?
___ Yes. If Yes, check the type of assistance below:
___ Housing Choice Voucher (Section 8) _____ Public Housing _____ Project-Based Rental Assistance
___ Other _____
___ No.

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

Are you current with your rent payments? Yes ___ No ___ If no, how many months late? _____

Name of your landlord _____ Contact No. _____

Is your landlord aware you are applying for emergency rental assistance? Yes ___ No ___

Are your utilities past due? No ___ Yes ___ If yes, check all the utilities that applies: Power ___ Water ___ Trash Removal _____

HOUSEHOLD INCOME INFORMATION

Have all adult (must be 18 yrs. and older) household members (not claimed by others) filed their 2023 taxes? *Note: If your current income is significantly different from*

2023, please use Table B.

IF "YES", complete Table A and C IF "NO", complete Table B and C

Table A

Full Name	2023 Tax Form (1040 or 1040-SR)	Adjusted Gross Annual Income <small>(Amount on line 11)</small>
		\$
		\$
		\$
		\$
		\$
		\$
<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, military retirement, etc.)</small>	Amount of <u>Monthly</u> Income
			\$
			\$
			\$
			\$
			\$
<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 household.

Source of Assistance	Yes	No	Monthly Amount
SNAP			\$
WELFARE			\$
MEDICARE			\$
MEDICAID			\$
OTHER (PUA, FPUC, LIHWAP, LIHEAP)			\$
<input type="checkbox"/> I have attached a separate sheet of paper with additional names.			Total \$

Have you described all your household's monthly income in the questions above? Yes ____ No ____

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 strictly determine if my household is eligible or not for the Emergency Rental Assistance program administered by the Department of Administration.

_____ I understand that the ERA program provides a maximum of 18 months of assistance (combined assistance rent and/or utilities) per household, which includes all received assistance accumulated by any member listed in the previous households in all previously assisted locations

_____ I understand that rental assistance will begin with the first month's rental arrears.

_____ I understand that assistance for any costs related to displacement is limited to 30 days.

_____ I understand that by requesting Relocation Assistance, if approved, I will not be able to receive relocation assistance for a different location for 6 months.

_____ I authorize ERA to obtain information from my landlord and/or utility agencies regarding my rental or utility account for the purpose of my ERA application.

_____ I understand that to knowingly make false statements concerning any of the above information results in disqualification from the Emergency Rental Assistance Program and is a crime under Federal and Guam laws.

_____ I do hereby certify under the penalty of perjury that all the information contained in this application as well as any additional information and/or documentation provided in support, is true and correct.

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: _____

*****OFFICIAL USE ONLY*****

Meets eligibility criteria (check all that apply to the household)

_____ Qualifies for unemployment; or household income impacted during the COVID-19 pandemic?

_____ Demonstrates risk of homelessness or housing instability

Total annual household income \$ _____ Household member size _____

Household member unemployed for 90+ or more days? Yes ____ No ____

Is the household eligible for the ERA program?

Yes ____ No ____

Notes:

Reviewed and certified by: ERA CSR REP _____

Date: _____