



**Table B**

Full Name	Type of Income (wages, self-employed, unemployment, child support, alimony, retirement, SSI, veteran benefits, social security, etc.)	Source of Income (who you receive it from)	Amount of Monthly Income
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

I have attached a separate sheet of paper with additional names.

**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 family.

Sources of Assistance	Yes	No	Monthly Amount
SNAP (Food Stamps)			\$
Welfare			\$
Medicare			\$
Medicaid			\$
Other			\$
Total			\$

I have attached a separate sheet of paper with additional names.

Has any household member experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to COVID-19? \_\_\_ Yes \_\_\_ No

If yes, list the household member(s): \_\_\_\_\_

Are there any household members who are or have been unemployed for 90+ days? \_\_\_ Yes \_\_\_ No. If yes, list the household member(s) \_\_\_\_\_

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

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

\_\_\_ I understand that to knowingly make false statements concerning any of the above results in being disqualified from participating in the Employment Rental Assistance program.

\_\_\_ I understand and acknowledge that making false statements is a crime under Federal and Guam law.

\_\_\_ I am responsible for the contents and understand that the information contained in such documents are intentional and accurate representations.

**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: \_\_\_\_\_

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Meets eligibility criteria (check all that apply to the household)  
 \_\_\_ Qualifies for unemployment; or household income impacted due to COVID-19  
 \_\_\_ Demonstrates risk of homelessness or housing instability  
 \_\_\_ Household income is at or below 80% AMI

Total household income \$ \_\_\_\_\_ Household member size \_\_\_\_\_

\*Total household income at 50% or below \_\_\_ Yes \_\_\_ No

\*Household member unemployed for 90+ days \_\_\_ Yes \_\_\_ No

\*Priority household

Does the household pre-qualify for the ERA program?  
 \_\_\_ Yes \_\_\_ No

Notes:

Reviewed and certified by:

\_\_\_\_\_ Date \_\_\_\_\_

ERA Intake Worker (print)