

ACT 1: Emergency Rental and Utility Assistance Program (ERAP)

TENANT CERTIFICATION

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payments and in danger of eviction or I am a new tenant and requesting funding to gain occupancy at this location:

Address: _____

City, State: _____

Zip Code: _____

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly Rent: \$ _____

Rental Arrears: \$ _____

Property Management Company (If applicable)

Landlord Name (Print)

Tenant Name (Print)

Mailing Address:

Mailing Address:

Physical Address:

Physical Address:

Phone Number:

Phone Number:

Landlord Signature

Date

Tenant Signature

Date