



ERAP Rental Assistance Program – 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 payment and in danger of eviction or I am a new tenant and requesting funding to gain occupancy at this location:

Address

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

_____ \$

Monthly Rent

_____ \$

Rental Arrears

Landlord

Landlord Name (print)

Address

Email

Phone

Alt Phone

Landlord Signature

Tenant

Tenant Name (print)

Address

Email

Phone

Alt Phone

Tenant Signature