

DATE RECEIVED BY OFFICE: _____

ELIGIBILITY INFORMATION STATEMENT

(Emergency Rental Assistance Program)

To be submitted by Tenant to
ERAP-WINDRIVER
along with an Application for funding.

The Tenant listed below is filling out, attesting to, and signing this Eligibility Information Statement. The Tenant has applied to ERAP-WINDRIVER for U.S. Department of Treasury's Emergency Rental Assistance under the Consolidated Appropriations Act, 2021. To determine the Tenant's eligibility for this COVID-19 pandemic program, the Tenant must submit this Statement, as well as an Application, to ERAP-WINDRIVER. The Tenant's Landlord and Utility Provider(s) are not part of this Eligibility Information Statement.

Tenant (member of Household applying): _____

Housing Unit: _____

Name of Landlord: _____

Name of Utility Provider(s) (if any): _____

1) Has one (1) or more individuals in your Household qualified for unemployment benefits? YES or NO.

If "YES," skip Question 2 and proceed to Question 3. If "NO," proceed to Question 2, as you may still qualify for assistance.

2) Has one (1) or more individuals in your Household experienced a reduction in income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic? YES or NO.

If "YES," please describe: _____

**IF YOU ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2,
YOU DO NOT QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM.**

3) Can one (1) or more individuals in your Household demonstrate a risk of experiencing homelessness or housing instability? Check all that apply:

Current or past due utility bill(s).

Current or past due rent notice(s).

Eviction notice(s).

Unsafe or unhealthy living conditions.

- If you checked "Unsafe or unhealthy living conditions," please describe:

Other expenses related to housing that were directly or indirectly incurred due to COVID-19. (Examples may be, but are not limited to, relocation expenses or rental fees if your Household was displaced due to COVID-19; accrued late fees; Internet service.)

- If you checked "Other expenses related to housing," please describe:

TO QUALIFY FOR ASSISTANCE UNDER THIS PROGRAM, YOUR HOUSEHOLD MUST HAVE AN INCOME THAT IS LESS THAN EIGHTY PERCENT (80%) OF THE AREA MEDIAN INCOME.

- 4) What was your Household's total income for 2020? \$ _____. If you don't know, please provide your best and most truthful estimate.
- 5) What is your Household's monthly income right now? \$ _____. If you don't know, please provide your best and most truthful estimate.
- 6) How many individuals live in your Household?
- Adults _____
 - Children (17 years old and under) _____
 - TOTAL: _____

Is Your Landlord ERAP-WINDRIVER? YES or NO.

By signing and dating below, I certify that all of my statements made herein are accurate, truthful, and complete. If they are not, then I agree to be indebted to the U.S. Treasury Department and ERAP-WINDRIVER for any benefits that I may receive in this program, and I agree and promise to pay back such benefits.

TENANT:

Signature (date)

Name (printed)

Address

Phone and email