

**BEAR RIVER BAND of the ROHNERVILLE RANCHERIA**  
266 Keisner Road, Loleta, CA 95551, 707-733-1900, FAX 707-733-1723

**Emergency Rent Assistance Program (ERAP)**  
Self-Declaration Form

Complete this form to document income housing status, financial hardship, rental payment amount, utility arrears when applicable.

- Income** – In the narrative include details on source of income, income amount, and frequency of income or state “no income.”
  
- Housing Status** – In the narrative include information about how the household is at risk of experiencing homelessness or currently experiencing housing instability (currently late on rent and/or has rental arrears, past due utilities, other housing instability details such as unsafe or unhealthy living conditions). *If fleeing violence, indicate in the narrative “fleeing violence.” No additional information is required.*
  
- Financial Hardship** – In the narrative include information about how the household has qualified for unemployment benefits, experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID-19 that threaten the household’s ability to pay the costs of the rental property when due.
  
- Rental Payment Amount** – In the narrative include the monthly rent amount.
  
- Utility Arrears** – In the narrative indicate amount of utility arrears and who they are owed to.

Client Name	
Household ID	
Date	

**Income**

Narrative ( <i>source, amount, frequency</i> )	
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**Housing Status**

Narrative	
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**Financial Hardship**

Narrative	
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**Rental Payment Amount**

*\*If using self-declaration form for rental payment amount, household must also attest that the household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. In this case, assistance may only be provided for three months at a time, and the grantee must obtain source documentation of monthly rent after three months in order to provide further assistance.*

Rental Payment Amount Narrative*	
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Attestation of Other Public Assistance	<input type="checkbox"/> <b>By checking this box I attest that my household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation.</b>
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**Utility Arrears**

Narrative	
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**Signature**

Household Signature <i>(Electronic signatures allowable)</i>	<hr/>
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**By signing this document I am certifying that all information provided orally and on this form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any program in which I am participating and may result in prosecution.**