



VIHFA
VIRGIN ISLANDS
Housing Finance Authority

EMERGENCY RENTAL ASSISTANCE PROGRAM

3202 Demarara Plaza · Suite 200 · St. Thomas, USVI 00802

Telephone: STT: (340) 777-4432 · STX: (340) 772-4432

Email: ERAP@vihfa.gov

ERAP APPLICATION REQUIRED DOCUMENTS CHECKLIST

Mark "X" if document is attached and/or submitted with application.

	Copy of Signed Lease Agreement (relating to requested assistance period)
	Copy of Current Signed Lease Agreement
	Past due Rent or Eviction Notice
	Past due or Service Disconnection Notice showing Utilities, Electrical and/or Water Company
	VIHFA Third Party Authorization Form (attached) (all that applies) <ul style="list-style-type: none">•VIWAPA•Department of Labor Unemployment•VI Housing Authority (Section 8/ HCV)
	Proof of Income (for all adult members of household relative to requested assistance period) <ul style="list-style-type: none">• Filed Tax Return (2020,2021, 2022)• W-2• Unemployment Benefits Statement• Social Security Benefits Statement• Pension/ Retirement Statement
	Notarized Hardship Sworn Attestation (attached)
	Proof of Identification (for all adult members of the Household (Social Security Cards or Government Issued Photo ID (Passport or Driver's License) For Minors – Birth Certificates can be accepted in place of Photo ID)
	Federal Assistance Documents- (if applicable) <ul style="list-style-type: none">• SNAP Benefit Statement• TANF Benefit Statement• HCV (Housing Choice Voucher) Statement



US Virgin Islands Emergency Rental Assistance Program Application



The easiest and fastest way to apply is online at:

vierap.com

You can email a completed application to:

erap@vihfa.gov

or

You can also complete an application over the phone by calling a representative

at:

(340)777-4432

EXT:

4252

Please:

Print Clearly.

Do NOT include original documents (we require photocopies or photos only).

Do NOT use staples.

Avoid Processing Delays:

Eligibility cannot be determined until you provide all documentation. Please be sure to complete all sections and declarations (certifications). Sign and date the application where indicated.

About the Program

The Emergency Rental Assistance Program (ERAP) has been created to help individuals and families who have been financially impacted by COVID-19 to pay rent and/or utilities dating back as early as March 2020. If you rent your home and have fallen behind in monthly payments to your landlord, you may be eligible for funding that could prevent you from eviction due to non-payment.

Who should apply?

- ✓ Households who rent their primary residence in the US Virgin Islands;
- ✓ Households head or co-head must attest to experiencing financial hardship during or after the Covid Pandemic;
- ✓ Households at risk of homelessness or service disconnection due to unpaid rent/utilities;
- ✓ Households whose annual income is at or below 80% of the AMI, based on HUD income data;
- ✓ Household owes at least one month or rent or utility bill or anticipates need for future rental assistance.

Documents you will need to provide to support your application:

1. Valid identification for one or more adult members of the household.
2. Signed copy of lease / rental agreement. *
3. Statement of past due rent or eviction notice from your landlord *if applying for rental assistance.* *
4. Past due notice showing utilities owed or notice of service disconnection from electrical and/or water company *if applying for utility assistance.*
5. Completed Sworn Hardship Attestation Form.
6. The following types of proof of income for each adult member of the household: *
 - a. Sworn Income Attestation
 - b. 2020-2023 Filed Income Taxes
 - c. W-2
 - d. Retirement/ Pension Statement
 - e. Paystubs for at least two consecutive months
 - f. Social Security Benefits Statement

* Note: if you are unable to provide these documents you may be able to satisfy documentation requirements using program approved self-attestations and/or sworn written statements.

For more information, please visit erap.vihfa.gov

To schedule an appointment with a case manager please contact us at:

(340) 777-4432 ext:4252



US Virgin Islands Emergency Rental Assistance Program

Virgin Islands Housing Finance Authority

Assistance Line (340) 200-0007 or (833) 6VI-ERAP | Email: erap@vierap.com | Web Site

RENTER APPLICATION

Please answer all questions on this form completely. If the question does not apply to your situation, enter N/A. Responses on this form must be printed clearly and legibly.

1 APPLICANT | HEAD OF HOUSEHOLD INFORMATION

* Represents a required response

1. Name _____
Last * First * Middle Maiden (if applicable)

2. Has a different name been used or has another household member applied for VIHFA ERAP Assistance at this address, if yes what/who was it? _____

3. Head of Household gender? * Female Male Other Prefer Not to Answer

4. Does this household rent and not own their primary residence * Yes No

5. Has this household applied for assistance through VIHFA's ERAP? * Yes No

6. Applicant's Current Mailing Address:

Street: * _____ Unit: _____

City: * _____ State: * _____ Zip Code: * _____

7. Provide applicant contact information (minimum of one required)? *

Email: _____ Preferred method Yes No

Home Phone Number: _____ Preferred method Yes No

Work Phone Number: _____ Preferred method Yes No

Mobile / Other Phone Number: _____ Preferred method Yes No

8. Please select applicants preferred language:

English French French Creole Spanish

Other: _____

9. Applicants race (select the one category that applies):

American Indian Asian Black/African American Pacific Islander
 White Some Other Race Multiracial Prefer Not to Answer

10. Hispanic, Latinx or Spanish origin (select the one category that best applies)?

Not Hispanic Hispanic/Latinx Prefer Not to Answer

11. How many people live in the household, including all adults and children? *

1	2	3	4	5	6	7
8	9	10	11	12	13	14

12. Household Occupants: Please complete the following table for household members who live at the rented home, include any household members who live with you but are temporarily away.

First Name *	Last Name *	Date of Birth * (DD/MM/YYYY)	Gender (Male, Female, Other)	Related to Head of Household (Y/N)	Relationship to Head of Household (N/A if not related)
				HOH	

13. Veteran Status: Are any members of the household veterans of the US Armed Forces? Yes No

14. Does the primary applicant suffer any disabling conditions? Yes No

14a. If yes, would you like to submit a Reasonable Accommodation Request (RAR)? Yes No

14b. If you are requesting a reasonable accommodation, please describe how we can best assist the applicant:

2 HOUSEHOLD INCOME

15. Does this household receive Food Stamps (SNAP)? Yes No

16. Does this household participate in the US Virgin Islands Housing Authority's Housing Vouchers Program? Yes No

17. Do you pay rent to the US Virgin Islands Housing Authority? Yes No

**** If question 15 OR question 16 OR question 17 are answered "Yes," the applicant is income qualified and does not need to complete any additional income information – Please proceed to Question 22 ****

18. Do any of the adult members of the household receive income from the following sources? If yes, provide total monthly gross amounts for all adults in the family (household) in the following table: Yes No

Type of Income *	Yes	No	Total Monthly Amount
Employment	<input type="checkbox"/>	<input type="checkbox"/>	\$
Temporary Assistance for Needy Families (TANF)/Dependent Children (GC)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$
Workmen's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$
Government Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$
Private Pension	<input type="checkbox"/>	<input type="checkbox"/>	\$
Strike Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	\$
Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>	\$
Alimony & Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other, including lottery winnings	<input type="checkbox"/>	<input type="checkbox"/>	\$
Totals			\$

19. Since March 13, 2020, has any adult member of the household qualified for unemployment benefits? * Yes No

**** If the response to question 19 is "Yes" please provide dates (mm/dd/yyyy) for each of the following. If the response to question 19 is "No" proceed to question 20 ****

Date most recently unemployed: _____ Date applied for unemployment: _____

Date unemployment awarded: _____ Date of re-employment: _____

Please be sure to submit income documentation with your application. Income documentation is required for all adult members of the household with income. Applicable documents include: 1040, W2, 1099, pay statements, receipts, bank statements, eligibility letters provided by government program or affordable housing providers, and etcetera.

20. How many adult members of your household have no (\$0.00) income? *

**** If you answered "0" to question 20, please proceed to question 22 - "Assistance Request" ****

**** If you answered 1 or more to question 20, please proceed to question 21. A first name, last name, signature, and date must be included for EACH adult member of the household with no (\$0.00) income in the table included in 21. ****

21. Certification of No Income. By completing, signing, and dating the following you attest, to the best of your knowledge, that during the past 12 months you have had no income from the following sources:

- a. Wages, salaries, tips, bonus, commissions, etc.
- b. Severance pay
- c. Worker’s compensation
- d. Interest/dividends from assets, including bank accounts
- e. Net income from the operation of a business or profession
- f. Income from self-employment including direct sales consulting (i.e. Mary Kay, Tupperware), private taxi services, or online sales
- g. Unemployment benefits
- h. Social Security or Supplemental Social Security Income (SSI)
- i. Annuities, pensions, or retirement funds (i.e. IRA, 401K)
- j. Insurance policies, disability, death benefits or similar types of periodic receipts
- k. Alimony or child support
- l. Regular contributions or gifts received from organizations or other persons not residing in the dwelling (including online donations through a local bank or such as GoFundMe)
- m. Temporary Assistance for Needy Families (TANF)
- n. All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm)
- o. Or, any other sources

I understand that providing false, misleading, or incomplete information may result in ineligibility for this program and other government assistance programs, repayment and recapture of funds, and other legal action. I agree to repay any funds received through this program for expenses that are paid by another source of government assistance.

I declare under penalty of perjury that all statements on this application are true and correct. I agree to present all verifying documents requested or to authorize the Emergency Rental Assistance Program processing team to obtain the documents or to contact any authorized third-party to verify information pertaining to this application.

Last Name: *	First Name: *	Signature: *	Today’s Date: * (dd/mm/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. What type of assistance are you requesting? *

Both rent and utilities

Rent only

Utilities only

23. What is the address of the rental property that assistance is being requested for?

Street: * _____ Unit: _____

Island: * _____ City: * _____ Zip Code: * _____

24. Are you related to the owner(s) of this property? *

Yes

No

*** If "Both rent and utilities" or "Rent only" is selected in question 22, you must complete questions 25 through 29. If applying for "Utilities only" advance to question 30. ***

25. Name of landlord (who are rent payments made out to?): *

26. Landlord's mailing address (where are rent payments sent?):

Street: * _____ Unit: _____

City: * _____ State: * _____ Zip Code: * _____

27. Landlord contact information (who does the applicant speak to about the rental and rent payments?):

Contact person name: _____

Contact person's cell phone: _____

Contact person's work phone: _____

Contact person's email: _____

28. Please select the type of rental assistance you need and the amount needed: *

Back (past due) Rent Number of Months Owed: _____ Total Amount Owed: \$ _____

Future Rent Number of Months Requested: 3 Monthly Rent Amount: \$ _____

Note: Pending availability of program funds, if an applicant qualifies for back (past due) rent VIHFA will automatically provide the current month and up to three months of future (prospective) rent until the maximum benefit of 18 months of assistance or the end of the lease/rental term is reached.

29. Ledger for Past Due Rent. For past due rent, attach a statement or ledger when submitting this application. If you cannot provide a statement or ledger, fill out the following table to the best of your knowledge.

Up to 18 months of total assistance can be requested, though the award may be reduced by the program subject to available funds and eligibility.

Complete the table for all months where back rent and / or fees are owed. Enter the monthly amount due for the current month and the following two months.

- If the lease/rental agreement includes items such as utilities (electricity, gas, water, sewer, trash), parking, pet premiums, or other items charged monthly, add those to the base rent and include in the "Original Amount Due" column.
- "Amount paid to date" includes any rent payments made, full or partial, for that month.
- If applicable, all rental assistance previously received from federal, territorial, or local governmental entities must be added to any payments you have made and included in "Amount paid to date." VIHFA's ERAP program cannot provide duplicative rental assistance for aid received from any other government source.
- "Fees Due" include only missed or late payment penalties.
- "Amount Still Due" equals "Original Amount Due" plus "Fees Due" minus "Amount Paid to Date."

Ledger for Past Due Rent

Month	Original Amount Due [A]	Amount Paid to Date [B]	Fees Due [C]	Amount Still Due = (A + C) - B
April 2020	\$	\$	\$	\$
May 2020	\$	\$	\$	\$
June 2020	\$	\$	\$	\$
July 2020	\$	\$	\$	\$
August 2020	\$	\$	\$	\$
September 2020	\$	\$	\$	\$
October 2020	\$	\$	\$	\$
November 2020	\$	\$	\$	\$
December 2020	\$	\$	\$	\$
January 2021	\$	\$	\$	\$
February 2021	\$	\$	\$	\$
March 2021	\$	\$	\$	\$
April 2021	\$	\$	\$	\$
May 2021	\$	\$	\$	\$
June 2021	\$	\$	\$	\$
July 2021	\$	\$	\$	\$
August 2021	\$	\$	\$	\$
September 2021	\$	\$	\$	\$
October 2021	\$	\$	\$	\$
November 2021	\$	\$	\$	\$
December 2021	\$	\$	\$	\$
January 2022	\$	\$	\$	\$
February 2022	\$	\$	\$	\$
March 2022	\$	\$	\$	\$
April 2022	\$	\$	\$	\$
May 2022	\$	\$	\$	\$
June 2022	\$	\$	\$	\$
July 2022	\$	\$	\$	\$
August 2022	\$	\$	\$	\$
September 2022	\$	\$	\$	\$
October 2022	\$	\$	\$	\$
November 2022	\$	\$	\$	\$
December 2022	\$	\$	\$	\$
January 2023	\$	\$	\$	\$
February 2023	\$	\$	\$	\$
March 2023	\$	\$	\$	\$
April 2023	\$	\$	\$	\$
May 2023	\$	\$	\$	\$
June 2023	\$	\$	\$	\$
July 2023	\$	\$	\$	\$
August 2023	\$	\$	\$	\$
September 2023	\$	\$	\$	\$
October 2023	\$	\$	\$	\$
November 2023	\$	\$	\$	\$
December 2023	\$	\$	\$	\$

**** If "Both rent and utilities" or "Utilities only" is selected in question 22, you must complete questions 30 through 33. If applying for "Rent only" advance to question 34. ****

30. Water

This bill is paid to: _____

Account Number: _____

Amount past due: \$ _____

Date of Current Bill: _____

Is this utility disconnected? No Yes

31. Electric

This bill is paid to: _____

Account Number: _____

Amount past due: \$ _____

Date of Current Bill: _____

Is this utility disconnected? No Yes

32. Cooking Gas

This bill is paid to: _____

Account Number: _____

Amount past due: \$ _____

Date of Current Bill: _____

Is this utility disconnected? No Yes

33. Internet Services

This bill is paid to: _____

Account Number: _____

Amount past due: \$ _____

Date of Current Bill: _____

Is this utility disconnected? No Yes

To be considered for eligibility in the Virgin Islands Housing Finance Authority’s Emergency Rental Assistance Program (VIHFA ERAP), you must provide an answer to each of the following required statements.

Statement:

34. My primary residence is located in the US Virgin Islands and I rent (not own) the home. * Yes No

35. At least one adult member of my household can provide proof of identification. * Valid forms of identification include government issued ID, driver’s license; passport; ITIN, utility or cell phone bill; court filing notice, mail from a federal, territorial, state, county or city agency; or other form of valid ID. Yes No

36. At least one adult household member has experienced unemployment or a reduction in household income, incurred significant costs, or experienced other direct or indirect financial hardship due to the COVID-19 pandemic. * Examples of financial hardship include reduction in household income; significant cost increases; healthcare costs (including care at home for individuals with COVID-19); Purchase of personal protective equipment (i.e., gloves, face masks, face shields); penalties, fees, and legal costs associated with rental or utility payments owed; payments for rent or utilities made by credit card; moving costs to avoid homelessness or housing instability; increased childcare costs; internet access and computer costs required to work or attend school remotely; alternate transportation costs; forced to leave from work due to school closure or childcare changes. Yes No

37. The total combined annual income of all adult household members is at or below 80% of area median income (AMI). Household size includes all adult and children living at that home. * Yes No

Household Size	1	2	3	4	5	6	7	8
St. Croix (STX)	\$32,500	\$37,150	\$41,800	\$46,400	\$50,150	\$53,850	\$57,550	\$61,250
St. John (STJ)	\$50,900	\$58,150	\$65,400	\$72,650	\$78,500	\$84,300	\$90,100	\$95,900
St. Thomas (STT)	\$37,600	\$43,000	\$48,350	\$53,700	\$58,000	\$62,300	\$66,600	\$70,900

Table 1: AMI Limits

38. At least one household member can demonstrate a risk of experiencing homelessness or housing instability since March 13, 2020. * Examples include risk of eviction; risk of lease termination; living “doubled up”, or in a residence that is not permanent for you; struggling to pay rent and utilities or rent and utilities are more than your household can afford; relying on credit cards or depleting savings to pay for rent or utilities; struggling to pay for essentials such as food, prescription drugs, childcare, or transportation. Or, unless you receive rental assistance, you will need to move to an unsafe/unhealthy environment like a shared living situation or emergency shelter. Yes No

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ACKNOWLEDGEMENTS and SIGNATURES

I am requesting assistance for rent, utility and other costs listed in this application through VIHFA's Emergency Rental Assistance Program. I understand that any payments are subject to program eligibility, adequate verification, and available resources. The applicant, co-applicants and residents 18 years and older (if any) (the "Household") authorizes all people, entities, or organizations identified as holding a debt for which assistance is sought to share, release, discuss, and otherwise provide all information needed to process the application, confirm the relationship and the debt owed, and address any issues related to the application with all government entities, program administrators, and contractors administering and/or processing applications under the COVID-19 Emergency Rental Assistance Program (ERAP). The household agrees to execute any additional release of information that may be deemed necessary to process the application.

I understand that VIHFA's ERAP provides emergency assistance with rent and utility expenses and certain other expenses related to housing incurred as a direct or indirect result of COVID-19 on behalf of renter households. The program is federally funded and assistance can only be provided for expenses that are not otherwise being paid by a government program. I am not requesting assistance for any amount of rent or other type of assistance that will be paid by another government program.

I understand that providing false, misleading, or incomplete information may result in ineligibility for this program and other government assistance programs, repayment and recapture of funds, and other legal action. I agree to repay any funds received through this program for expenses paid by another source of government assistance.

I declare under penalty of perjury that all statements on this application are true and correct. I agree to present all verifying documents requested or to authorize the Emergency Rental Assistance Program intake agency or processing team to obtain the documents or to contact any authorized third-party to verify information pertaining to this application.

Signature of applicant * _____ Date: * _____

Signature of Spouse / Co-Applicant: _____ Date: _____

2024 INCOME LIMITS (80% AMI)									
# of People Who Live My Home	Island	1	2	3	4	5	6	7	8
Total Annual Household Income Cannot Exceed The Amount Shown	STT	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800
	STJ	\$64,600	\$73,800	\$83,050	\$92,250	\$99,650	\$107,050	\$114,400	\$121,800
	STX	\$41,800	\$47,750	\$53,750	\$59,700	\$64,500	\$69,300	\$74,050	\$78,850

2023 INCOME LIMITS (80% AMI)									
# of People Who Live My Home	Island	1	2	3	4	5	6	7	8
Total Annual Household Income Cannot Exceed The Amount Shown	STT	\$43,300	\$49,500	\$55,700	\$61,850	\$66,800	\$71,750	\$76,700	\$81,650
	STJ	\$58,750	\$67,150	\$75,550	\$83,900	\$90,650	\$97,350	\$104,050	\$110,750
	STX	\$38,050	\$43,450	\$48,900	\$54,300	\$58,650	\$63,000	\$67,350	\$71,700

2022 INCOME LIMITS (80% AMI)									
# of People Who Live My Home	Island	1	2	3	4	5	6	7	8
Total Annual Household Income Cannot Exceed The Amount Shown	STT	\$40,900	\$46,750	\$52,600	\$58,400	\$63,100	\$67,750	\$72,450	\$77,100
	STJ	\$55,550	\$63,450	\$71,400	\$79,300	\$85,650	\$92,000	\$98,350	\$104,700
	STX	\$37,200	\$42,500	\$47,800	\$53,100	\$57,350	\$61,600	\$65,850	\$70,100

2021 INCOME LIMITS (80% AMI)									
# of People Who Live My Home	Island	1	2	3	4	5	6	7	8
Total Annual Household Income Cannot Exceed The Amount Shown	STT	\$39,350	\$44,950	\$50,550	\$56,150	\$60,650	\$65,150	\$69,650	\$74,150
	STJ	\$53,350	\$60,950	\$68,550	\$76,150	\$82,250	\$88,350	\$94,450	\$100,550
	STX	\$33,950	\$38,800	\$43,650	\$48,500	\$52,400	\$56,300	\$60,150	\$64,050



EMERGENCY RENTAL ASSISTANCE PROGRAM

3202 Demarara Plaza · Suite 200 · St. Thomas, USVI 00802

Telephone: (340) 777-4432 · Fax: (340) 775-7913

Sworn Attestation Form: Income

I hereby certify that I/we receive income from one or more of the following sources:
(Check all boxes the apply to your household.)

Employment wages: please provide copy of filed income taxes; W-2 Form; or two consecutive checks stubs.

I have not filed taxes my 2020-, 2021-, or 2022-income taxes

Unemployment; If unemployed, please provide most recent documented approval for unemployment benefits from the USVI Department of Labor.

Self-employed; If self-employed, please provide two consecutive bank statements from business accounts or Profit and Loss Statement(s) relative to the impacted period.

Social Security Benefits: Please provide your social security benefits statement(s) for the impacted period.

Any other source not named above: _____ **or**

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 6-12 months.

I currently have no income of any kind and I am actively looking for work.

I _____ (Applicant) attest to receiving the sum of \$_____ for the period of _____; however, my records were destroyed/lost and/or I have no records of said income.

I am or was a full-time student and had no income for the period of _____ (include start and end date if applicable), thus I am or was not required to file taxes. (Please provide student verification form from applicable school.)

(Continue to next page)



EMERGENCY RENTAL ASSISTANCE PROGRAM

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Telephone: (340) 777-4432 · Fax: (340) 775-7913

Sworn Attestation Form: Income

Required: List each adult member of the household and include current source of income (if any), income amount, frequency of income or lack of income.

Name	Birth Date	Relationship to Applicant	Source of Income	Income Amount/ Frequency
<i>Sample: John Doe</i>	<i>1/1/1991</i>	<i>Self</i>	<i>Unemployment</i>	<i>\$500/ biweekly</i>

Signing below certifies that all statements made above are true to the best of my knowledge.

Applicant Name (Printed)

Signature

Date

Adult #2 Name (Printed)

Signature

Date

Adult #3 Name (Printed)

Signature

Date

Adult #4 Name (Printed)

Signature

Date



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Sworn Attestation Form: Financial Hardship

The applicant certifies that one or more members of the household has either:

- qualified for unemployment benefits
- experienced a reduction of income
- incurred a significant increase of household expenses
- experienced other financial hardships during, directly or indirectly due to COVID-19.
- incurred a significant increase of medical expenses

Please provide a date in which your hardship first began: _____

Please provide a date when your hardship ended, if applicable: _____

(Required) Please provide a detailed statement describing your household’s 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 during, due directly or indirectly to COVID-19 that threaten the household’s ability to pay the costs of the rental property when due.*



VIHFA
VIRGIN ISLANDS
Housing Finance Authority

VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

EMERGENCY RENTAL ASSISTANCE PROGRAM

3202 Demarara Plaza · Suite 200 · St. Thomas, USVI 00802

Telephone: (340) 777-4432 · Fax: (340) 775-7913

Sworn Attestation Form: Financial Hardship

Applicant Name [Print]

Applicant Signature

Date

For Notary Use Only

Notary Signature: _____

Printed Name: _____

Executed this _____ day of _____, _____

In the county of _____, state of _____



**VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
EMERGENCY RENTAL ASSISTANCE PROGRAM**

3202 Demarara Plaza · Suite 200 · St. Thomas, USVI 00802-6447
Telephone: (340) 777-4432 · Fax: (340) 775-7913

TO: VIRGIN ISLANDS WATER AND POWER AUTHORITY

Authorization: I have applied for assistance from the Emergency Rental Assistance Program (ERAP). As part of the eligibility determination process, I have been asked to provide a copy of the **ACCOUNT BILLING HISTORY DETAILS** report relative to my account. I ask your cooperation in supplying the information for the period January 2020 to present. I hereby authorize the Virgin Islands Water and Power Authority (WAPA) to release the requested information to me and/or to the Emergency Rental Assistance Program (ERAP) at erap@vihfa.gov.

_____ Date: _____
(Signature of Applicant)

PRINT your name here: _____

Service Address:

Account #:

VERIFICATION: This form serves to verify that _____ is enrolled as an applicant in the **EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)** and is seeking assistance in paying past-due WAPA bills. As such, please refrain from disconnecting services to the applicant’s residence until his/her request for assistance has been processed and a determination has been made regarding any utility assistance payments to be made on the client’s behalf by the Emergency Rental Assistance Program.

Verified by: _____ Date: _____

Title: Eligibility Reviewer E-mail: _____ Phone: 340-772-4432