



**HO-CHUNK HOUSING & COMMUNITY DEVELOPMENT AGENCY**

P.O. Box 730 • Tomah, WI 54660

**COVID 19 ERAP Recertification (15 days prior to rent due)**

Emergency Rent Assistance Program Funding

**\*Previously Approved ERAP Applicants Only**

I, \_\_\_\_\_, am requesting to be recertified for: check box(es) below

3 months prospective rent

utility(s) (attach full page statement current month)

**Please initial next to the following statements if true and accurate:**

I was previously approved for Covid-19 ERAP. \_\_\_\_\_

My Information from previous application has not changed. \_\_\_\_\_

Landlord Information has not changed. \_\_\_\_\_

Rent Amount has not changed. \_\_\_\_\_

Income has not changed from previous application. \_\_\_\_\_

I am not moving in the next 6 months. \_\_\_\_\_

**If you have any changes from previous application, you will need to submit supporting documents e.g. Lease and Income Verification. Please email to: [ERAP@ho-chunk.com](mailto:ERAP@ho-chunk.com)**

I / We certify that the information given to the Ho-Chunk Housing and Community Development Agency on household composition and income is accurate and complete to the best of my/our knowledge and belief. I / We understand that false information is punishable under Federal law.

I / We understand that false statements or information may be grounds for denial. I/ We understand this is not a guarantee of payment as funds may be depleted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date