

**CONFIRMATION OF ELIGIBILITY
FOR EMERGENCY RENTAL ASSISTANCE**

Prospective Tenant: _____(Tenant)

_____ (“Community Action Agency”) has confirmed that within the Community Action Agency’s service area, which includes _____, Tenant is eligible for up to 12 months of rent payable to a landlord who:

1. Enters into a rental agreement with Tenant,
2. Applies for Emergency Rental Assistance Program for Tenant, and
3. Submits the rental agreement to the Community Action Agency.

Tenant may receive up to 12 months total rent under the Emergency Rental Assistance by applying 3 months at a time. Tenant may also be eligible for security deposit.

(Community Action Agency Name)

Date: _____

By: _____

Print Name: _____

Title: _____

Email: _____

Phone: _____