

# Tenant Representative Authorization Form

## City of Stockton – Emergency Rental Assistance Program (ERAP)

The landlord or owner of a residential dwelling must obtain the signature of the tenant to apply for assistance for the City of Stockton’s Emergency Rental Assistance Program (ERAP).

### Tenant Representative:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### Tenant:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

By signing this form, I authorize the Tenant Representative listed above to apply for the City of Stockton’s Emergency Rental Assistance Program (ERAP) on my behalf. The information and documentation provided as part of this application is true, complete, and correct to the best of my knowledge and belief. If awarded, funding will be used for the express purpose of paying for applicable rental arrears, prospective rent, or utilities.