OMB Control Number: 1505-0270 OMB Expiration Date: 10/31/2021

[Date]

U.S. Department of the Treasury EmergencyRentalAssistance@treasury.gov

## **Emergency Rental Assistance (ERA2) Request for Additional Funding**

The undersigned submits this request on behalf of Department of the Treasury ("Treasury") for a dis Section 3201(c)(2) of the American Rescue Plan A (2021) (the "ARP"). Under Section 3201(b) of the (the "Allocation") to the Grantee for the f ("ERA"). As of the date of this request, the Grant Allocation (the "Prior Disbursements"), equal to 4 Section 3201(c)(1) of the ARP, [plus subsequent of].	sbursement of additional funds as authorized by Act of 2021, Pub. L. No. 11-702 (March 11, e ARP, Treasury allocated \$ funding of emergency rental assistance tee has received \$ from the 40% of the Allocation, in accordance with
The Grantee hereby requests \$ the Allocation to provide additional financial assist of the ARP. The Grantee acknowledges Treasury additional information and supporting documentary.	stance in accordance with Section 3201(d) may require the Grantee to submit tion before approving this request.
The Grantee and the undersigned, on the Grantee' undersigned's knowledge and belief, each make the request:	
1. The Grantee has complied with, and is curred Rental Assistance Award Terms and Condition "Award Agreement"), all requirements applications interpretive guidance regarding such requirements.	ns under FAIN # (the able to ERA under the ARP, and Treasury's
2. A total of \$ in funds recrepresenting% of the Prior Disbursement assistance or housing stability services under SARP, or obligated for such expenditure under the Grantee; (ii) spent, or budgeted and held in administrative costs under Section 3201(d)(1) exceed 15% of the Prior Disbursements; or (ii) contemplated by any outstanding commitment Treasury's ERA Frequently Asked Question 3	nts, has been (i) expended for financial Section 3201(d)(A) and 3201(d)(B) of the legally binding agreements entered into by a a reserve account by the Grantee, to cover (C) of the ARP in an amount that does not i) reserved by the Grantee for assistance t letters issued by the Grantee under
3. The undersigned is duly authorized to subn	nit this request on the Grantee's behalf.

4. The Grantee acknowledges and agrees that the funds requested hereby will be subject

to the terms and conditions of the Award Agreement.

OMB Control Number: 1505-0270 OMB Expiration Date: 10/31/2021

The Grantee and the undersigned acknowledge that any materially false, fictitious, or fraudulent statement or representation (or concealment or omission of material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended (18 U.S.C. § 1001), and also may subject the Grantee and the undersigned to civil penalties and/or administrative remedies for false claims or otherwise.

	_			
GR	Λ	NIT	ישיי	С
t TR	_		г.	г.

[Eligible Grantee—State agency, locality, etc.]		
By: Name:		
Title:		
Date:		. 20

## PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 0.50 hours (30 minutes) per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.