



Emergency Rental Assistance Program

P.O. Box 603 Pine Ridge, SD 57770
4 Suanne Center Rapid City SD 5770
Phone: 605-867-6348
Fax: 605-867-2007

105 A New York St.
Phone: 605-791-0197
Fax: 605-791-0277

Recertification Form

Applicant: _____

Home Address: _____

Phone Number(s): _____

Email Address: _____

Landlord: _____

Utility Providers: _____

Income Change/Evaluation: _____

Household Members: Please note the Birthdate and U#. (please note any change in composition, i.e, someone left or entered household since initial date of application)

COVID EFFECTS/HARDSHIPS:

I certify that the information is accurate and honest as verified by interview, telephonic or electronic communication with the OSLH ERAP staff and/or client. Any household changes are noted above for the next 3 months of OSLH ERAP services.

Applicant/Staff Member

Date