

EMERGENCY RENTAL ASSISTANCE PROGRAM REPORTING GUIDANCE

Quarter 2 Partial Reports

As announced in July 2021

Revised Q1 and Q2 ERA1 and ERA2 Reporting Requirements for State, Local and Territorial Recipients

- ERA1 and ERA2 State, Local and Territorial (SLT) Recipients are required to submit partial Q2 reports by August 6, 2021. The Q2 partial report consists of a subset of mandatory data elements that mirror the reports that Recipients already submitted for Treasury's interim reporting cycle through Q1 and monthly submissions with minor updates and two brief narrative questions. See below for the required data elements.
- ERA1 and ERA2 SLT Recipients are required to submit full quarterly financial and programmatic reports, consistent with Treasury's [ERA Reporting Guidance v 1.0](#), beginning with the Q3 2021 reporting period. Recipients are required to submit their Q1, Q2 and Q3 reports by October 15, 2021, and future quarterly reports as required in the [ERA Reporting Guidance v 1.0](#).

Revised Q1 and Q2 ERA Reporting Requirements for Tribes, Tribally Designated Housing Entities, and the Department of Hawaiian Home Lands

- ERA1 Recipients that are Tribes, Tribally Designated Housing Entities, and the Department of Hawaiian Home Lands (Tribe, TDHE and the DHHL Recipients) are required to submit Q2 partial reports by August 6, 2021. See below for the required data elements.
- In addition, these Recipients are required to provide financial and programmatic reporting as detailed in Treasury's [ERA Reporting Guidance v 1.0](#) beginning with the Q3 2021 reporting period. These Recipients are not required to submit full Q1 and Q2 reports by July 29, 2021 and are not required to submit monthly reports.

Required Data Elements for Partial Q2 Reports - August 2021¹

Projects Tab → Program Overview

* Recipient Project ID
<input type="text" value="Enter Project ID Here"/>
* Name of the ERA Project
<input type="text" value="Enter ERA Project Name Here"/>
* ERA Project Website URL
<input type="text" value="Enter ERA Project Website Here"/>
* Geographic Service Area
<input type="text" value="State-Wide"/>

Note: Geographic Service Area is not applicable to the Tribe, TDHE and the DHHL Recipients.

Projects Tab → System for Prioritizing Assistance

System for Prioritizing Assistance

* Provide a narrative (12,000 characters or less) describing your system for prioritizing assistance to participant households of certain incomes; households with incomes less than 50% of area median income; and households with one or more members that have been unemployed for at least 90 days prior to the household's application for assistance.

Recipients also must provide the URL for the Recipient website where information about the system for prioritization is available for the public. If the information is not posted on a website, please upload an electronic copy of public information about the subject ERA Project.

Upload Required Doc(s)

[Upload Files](#) Or drop files

<input type="checkbox"/> Title	Upload Date	Download File
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Demographics² Tab → Unique Household and Assistance Data

ERA Applicants

Please provide the following data concerning the ERA applications received and assistance provided in the reporting period. For any data fields that do not apply, please enter '0'.

* Number of unique households that completed and submitted an application for ERA assistance:	* Number of Unique Households that Received ERA Assistance (#):
<input type="text"/>	<input type="text"/>
Provide Demographic Information	Provide Demographic Information

* Number of Unique Households that Received their Initial ERA Assistance in the Current Reporting Period:

[Provide Demographic Information](#)

ERA Assistance Provided

Please provide the following data elements related to your provision of ERA assistance. For any data fields that do not apply, please enter '0'.

Number of unique households that received ERA assistance by type:

* a. Rent	* b. Rental arrears
<input type="text"/>	<input type="text"/>
Provide Demographic Information	Provide Demographic Information
* c. Utilities/Home Energy Bills	* d. Utilities/Home Energy Arrears
<input type="text"/>	<input type="text"/>
Provide Demographic Information	Provide Demographic Information
* e. Other expenses related to housing	* f. Housing stability services
<input type="text"/>	<input type="text"/>
Provide Demographic Information	Provide Demographic Information

¹ Screenshots subject to change

² The participant demographic breakout information is optional for ERA1 and ERA2 SLT recipients for the Q2 partial report and not required for the Tribe, TDHE and the DHHL recipients.

Demographics Tab → Participant Households at Certain Income Levels

Participant Households at Certain Income Levels

Please provide the following data elements related to participant households at certain income levels. For any data fields that do not apply, please enter '0'.

Number of unique households at certain income levels:

- * Less than 30% of Area Median Income●

[Provide Demographic Information](#)
- * Between 30 and 50% of Area Median Income:●

[Provide Demographic Information](#)
- * Between 50 and 80% of Area Median Income:●

[Provide Demographic Information](#)
- * Total number of recipient households whose income eligibility was determined based on their eligibility for other federal benefit programs:●

[Provide Demographic Information](#)
- * Total number of recipient households whose income eligibility was determined using a fact-based proxy:●

[Provide Demographic Information](#)
- * Total amount of ERA award paid to or for participant households:●

[Provide Demographic Information](#)
- * Average Number of Months of Rent or Utility/Home Energy Payments Covered for Each Participant Household:●

[Provide Demographic Information](#)

Note: The Tribe, TDHE and the DHHL Recipients are only required to report on “Total amount of ERA award paid to or for participant households” in this section.

Demographics Tab → Cumulative Obligations and Expenditures

Cumulative Award Activity Amount Approved (Obligated) and Amount Paid (Expended) since Inception Q1 through Q2 2021

Please provide the following data elements related to your provision of ERA disbursements.

- * Total Dollar Amount of ERA Award Funds Approved (Obligated) to or for Participant Households●
- * Total Dollar Amount of ERA funds Paid (Expended) for Administrative Expenses:●
- * Total Dollar Amount of ERA Award Funds Approved (Obligated) for Administrative Expenses:●
- * Total Dollar Amount of ERA Award Funds Paid (Expended) for Housing Stability Services:●
- * Total Dollar Amount of ERA Award Funds Approved (Obligated) for Housing Stability Services:●

Certification

Official Certification

I certify that the information provided is accurate and complete after reasonable inquiry of people, systems, and other information available to the ERA Recipient. The undersigned acknowledges that a materially false, fictitious, fraudulent statement or representation (or concealment or omission of a 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 me and the ERA Recipient to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729 et seq.). The undersigned is an authorized representative of the ERA Recipient with authority to make the above certifications and representations on behalf of the ERA Recipient.

Name and Title of Certifying Official

Name:
Test User 1

Telephone:
111-111-1111

Title:
CEO

Email:
✉ test@test.com

Submit Form