



INCOME ATTESTATION

Applicant Name: _____

Applicant Email Address: _____

Applicant Address: _____

I am submitting an application for rental assistance under the Long Beach Emergency Rental Assistance Program. Because I do not have one or more of the required documents, I am submitting this written attestation instead.

→ *Instructions: Use this Attestation form ONLY if you do not have documentation of all income sources or if you have zero income. Documentation is strongly preferred. Check the box(es) below for the item(s) to which you are attesting.*

I attest that the below is a complete and accurate list of my income and the income of all members of my household, including wages, tips, overtime, unemployment, government assistance, child support and alimony, pension/social security and other income. I attest that I have no sources of income other than the ones listed below.

Household Member Name	Date of Income	Source of Income	Amount of Income	Frequency of Income	Contact Info for the Income Provider

I attest that I became unemployed on the following date: _____

If current income is zero, I attest that my household currently has no income of any kind including from any of the sources listed above.

→ *Instructions: Continue and sign on page 2.*



Rental Information / COVID-19 Impact / Non-Duplication with Other Assistance

I attest that:

- the Rental Information I submitted is accurate, including my address, rent amount, and landlord information;
- one or more members of my household experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak; and
- my household has not used any other government funded assistance for the rental assistance sought under this application.

I declare under penalty of perjury that the information provided in this Attestation is true and correct. I understand that providing false representations is an act of fraud and that fraud will be prosecuted to the fullest extent of the law and may disqualify me from assistance programs.

SIGNED:

Instructions: Applicant (tenant) must sign and complete the below section.

Applicant Signature

Applicant Name

Date

Instructions: In addition to the applicant, another person(s) with knowledge may attest to one or more of the above items on the applicant's behalf by signing and completing the below section. Attach additional pages if needed.

Relationship to applicant:

- Landlord Employer Case Worker Government Agency Non-Profit

Signature

Name

Organization Name (if applicable)

Phone Number

Email Address

Date

To request this information in an alternative format or to request a reasonable accommodation, please contact the Development Services Department at longbeach.gov/lbds and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.