



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

Print 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

Print Name

Date

Organization Name (if applicable)

Phone Number

Email Address

Date