



**RENTAL INFORMATION 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 your past-due rent statement, past-due bill, and/or eviction notice. Documentation is strongly preferred. Check the box(es) below for the item(s) to which you are attesting. Attach additional documents or information if available (e.g., photographs if living in unsafe or unhealthy living conditions).*

**Past Due Rent and Utility Information / Housing Instability**

I attest that the below is a complete and accurate list of my Past Due Rent and Utility Information. Further, I attest that one or more members of my household is at risk of experiencing homelessness or housing instability.

Rent or Utility	Landlord or Utility Company Name	Due Date	Amount Past Due

**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.

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



**SIGNED:**

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

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Applicant Signature

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Applicant Name

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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

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Signature

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Name

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Organization Name (if applicable)

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Phone Number

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Email Address

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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.