



SELF ATTESTATION AFFIDAVIT

(To be completed by adult household members only, if appropriate.)

Household Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____

I, _____ hereby certify the following:

Please fill out the section below explaining how your household has endured financial hardship during the Covid-19 pandemic

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining eligibility to receive assistance through the Emergency Rental Assistance Program (ERAP). If requested, I will fully cooperate with any request to provide documents to verify the information provided within.

Signature of Applicant: _____

Printed Name of Applicant: _____