



**RENTAL ASSISTANCE FOR MISSISSIPPIANS
EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM
RISK OF HOUSING INSTABILITY FORM**

This form may be completed by one or more individuals within the household in order to demonstrate the household is at risk of experiencing homelessness or housing instability. A copy of a past due utility or rent notice or eviction notice may be submitted in lieu of this form.

First Name	Last Name	MI		
Street Address	Apt No.	City	State	Zip

Check the box(es) that applies to your circumstances:

- I hereby certify that my household is experiencing unsafe or unhealthy living conditions.

Describe the unsafe or unhealthy living conditions (be specific):

- I hereby certify that there is other evidence that my household is at risk of housing instability.

Describe the other evidence of risk (be specific):

Under penalty of perjury, I attest that the information presented in this written attestation is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to repay any funds received through the Emergency Rental Assistance Program and/or other penalties or remedies available under applicable law.

Signature

Date

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.