



**HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM
SELF-CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP**

(To be Submitted by Head of Household if no written lease is available)

Head of Household's Name:

Head of Household's Spouse (if applicable):

Other Household Members 18 & Over:

Landlord's Name (name where rent is sent):

Landlord's Address:

Landlord's Phone Number: _____

Landlord's Email Address: _____

Rental Property Address: _____ (the
"Property")

How long have you rented the Property? _____

Term of Lease: _____ Expiration of Lease: _____

Monthly Rent Payment _____

Are you behind in rent: Yes No If yes, how much rent is past due \$_____?

If the property is managed by a Management Company attach evidence the Management Company is authorized to manage the property (property management agreement)

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 constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program and other remedies available under applicable law.

Signature of Applicant:

Date:

Printed Name of Applicant:

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 constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program and other remedies available under applicable law.

Signature of Applicant/Landlord:

Date:

Printed Name of Applicant/Landlord:



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

SELF-CERTIFICATION OF RISK OF HOMELESSNESS OR HOUSING INSTABILITY

The Hall County Emergency Rental Assistance Program requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

A member of my household has experienced a risk of experiencing homelessness or housing instability; however, is unable to document the risk. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020. For example, if one member of your household faced a risk of eviction or lived in an overcrowded situation between March 13, 2020 and August 1, 2020, your household would be eligible for Hall County Emergency Rental Assistance Program assistance under this eligibility criteria.)

The hardship includes (check all that apply):

- Risk of eviction
- Living in an overcrowded residence (number of household members is greater than the number of total rooms), which can increase the risk of exposure to COVID-19
- Monthly rent and utilities are more than the household can afford
- The household struggles to purchase essential goods or services and pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school
- The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income
- one or more household members have experienced homelessness

Other - Please explain: _____

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 constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the and other remedies available under applicable law.

Signature of Applicant/

Printed Name of Applicant/

Date



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

WRITTEN ATTESTATION OF INCOME

Each household member 18 years or older, who cannot provide supporting documentation for their income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access or if the income was received in cash must complete this form.

Household Member's Name: _____

Property Address: _____

Within the last 12 months, did you receive income from any of the following sources?

Yes No Wages, salaries, tips, bonus, commissions, etc.

Amount of Income over the Last 60 Days \$ _____

Yes No Severance pay

Amount of Income over the Last 60 Days \$ _____

Yes No Net income from the operation of a business or profession

Amount of Income over the Last 60 Days \$ _____

Yes No Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, and online sales

Amount of Income over the Last 60 Days \$ _____

If you answered yes to any of the questions above, please provide:

_____ Name of Employer/Former Employer

_____ Name of Contact Person to Verify Employment

_____ Phone Number of Contact Person

Yes No Worker's compensation

Amount of Income over the Last 60 Days \$ _____

Yes No Interest/dividends from assets, including bank accounts

Amount of Income over the Last 60 Days \$ _____

- Yes No Unemployment benefits
Amount of Income over the Last 60 Days \$ _____
- Yes No Social Security or Supplemental Security Income (SSI)
Amount of Income over the Last 60 Days \$ _____
- Yes No Annuities, pensions, and retirement funds (i.e. IRA, 401K)
Amount of Income over the Last 60 Days \$ _____
- Yes No Insurance policies, disability, death benefits, or similar types of periodic receipts
Amount of Income over the Last 60 Days \$ _____
- Yes No Alimony or child support
Amount of Income over the Last 60 Days \$ _____
- Yes No Regular contributions or gifts received from organizations or other persons not residing
in the dwelling (including online donations such as GoFundMe or through a local bank)
Amount of Income over the Last 60 Days \$ _____
- Yes No Temporary Assistance for Needy Families (TANF)
Amount of Income over the Last 60 Days \$ _____
- Yes No All regular pay, special pay, and allowances of a member of the Armed Forces, except
the special pay to a family member serving in the Armed Forces who is exposed to
hostile fire (e.g., in the past, special pay included Operation Desert Storm)
Amount of Income over the Last 60 Days \$ _____
- Yes No Any other source (if yes, explain source and last two months income amount) _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that I am unable to provide any documentation of the income listed above. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Hall County Emergency Rental Assistance Program and other remedies available under applicable law. I also give the Hall County Emergency Rental Assistance Program and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature of Household Member

Printed Name of Household Member

Date