

APPENDIX F
CERTIFICATIONS

Emergency Rental Assistance Program

TENANT CERTIFICATION

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payment and in danger of eviction or I am a new tenant and requesting funding to gain occupancy at this location :

Address _____
City, State _____
Zip code _____

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly rent: \$ _____ Rental Arrears: \$ _____

_____	_____
LANDLORD NAME (PLEASE PRINT)	RENTER NAME (PLEASE PRINT)
_____	_____
ADDRESS	ADDRESS
_____	_____
CITY ZIP CODE	CITY ZIP CODE
_____	_____
PHONE NUMBER	PHONE NUMBER
_____	_____
LANDLORD SIGNATURE/DATE	RENTER SIGNATURE/DATE