



## Chatham County - Georgia Emergency Rental Assistance Program Self-Certification of Current Income; Financial Hardship; and/or Housing Impact

*To be completed by adult household members (age 18 and older) who are unable to obtain or produce documentation and needs to self-attest their eligibility for the Chatham County Emergency Rental Assistance Program, based on ONE or MORE of the required criteria. This form should be completed and provided where required.*

### **Instructions:**

This is a written statement from the applicant documenting:

1. "Annual (Gross) Income", the number of members in the household and the income for each member. Also, check the box that applies to your current income circumstances. Each household member (age 18 and older) must then sign this statement to certify that the information is complete and accurate, and that source documentation should be provided upon request (if available);
2. Financial Hardship or Negative Impact; and/or
3. Housing Impact.

Complete **ONLY** the applicable criteria sections for which you are **unable** to provide the required supporting documentation or written attestation from an applicable third party and thus needing to self-attest.

**Per guidance from the US Department of the Treasury, the Service Providers of the Chatham County, Ga - ERA program may perform additional testing or review processes to help minimize the potential for fraud. The use of self-certifications may delay the processing of your application, require additional information from you, or result in limitations to the amount of assistance available to you.**

### **Household Basic Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Gender: F  M  Non-binary  Other  Ethnicity: Hispanic/Latino: Y\_\_ N\_\_ Other: \_\_\_\_\_

Race: White: \_\_ Black/African American: \_\_ Asian: \_\_ American Indian: \_\_ Pacific Islander/Hawaiian: \_\_ Other: \_\_

### **1. SELF-CERTIFICATION OF CURRENT INCOME (Household Members age 18 and older):**

Full Name	Age	Pay frequency	Amount	Annual Gross Income
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Annual Gross Income (all members)				\$



**Please complete the following. If you do not receive income, please leave it blank:**

I hereby certify that I receive the income mentioned above from the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
- Unemployment or disability payments.
- Public assistance payments.
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
- Sales from self-employed resources.
- Any other source not named above (Please identify: \_\_\_\_\_)

**Check the box that applies to your current income circumstances:**

**I hereby certify that I receive income that is verifiable, but I am unable to obtain documentation of income for one of the following reasons (please provide a full description below):**

- I suffer from a disability and require an accommodation.
- Circumstances related to the pandemic prevent me from obtaining the required documentation.
- Lack of technological access prevents me from being able to obtain my records.
- I have not filed taxes for 2020 (Please complete the Form # ERA1-02-2021)

**OR -**

**I hereby certify that I have not yet filed taxes for 2020 AND (1) have zero income, or (2) currently receive income that is not verifiable for the following reasons (please provide a full description below):**

- No qualifying income
- No verifiable due to the impact of Covid-19.
- Payment was received in Cash. (Please describe source of payment below).

***Note:** In addition to this certification, you may provide a signed statement from a caseworker, employer, or other professional, who has knowledge of your household's income status and how it qualifies your household for the program.*

**Please complete the following:**

If you cannot produce documentation, or if income is not verifiable, please describe why you are unable to produce documentation and/or how the money was earned, (be specific):



**2. SELF-ATTESTATION OF FINANCIAL HARDSHIP OR NEGATIVE IMPACT QUALIFICATION**

If you cannot provide the required documentation of financial impact at this time, please explain how you or one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs or experienced other financial hardship due directly to the COVID-19 outbreak.

A large, empty rectangular box with a black border, intended for the user to provide a self-attestation of financial hardship or negative impact qualification.



**3. SELF-ATTESTATION OF RISK OF HOUSING INSTABILITY OR HOMELESSNESS**

If you cannot provide the required documentation of risk of housing instability or homelessness at this time, please explain how you or one or more individuals within the household is at risk of housing instability or homelessness

A large, empty rectangular box with a black border, intended for the user to provide a self-attestation or explanation regarding housing instability or homelessness.



**CERTIFICATION:**

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

I agree to provide, upon request, additional information or documentation to the Chatham County Emergency Rental Assistance Program Administrator.

**WARNING!** In signing this certification (including electronic signature), you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that the Title 18, Section 1001 of the U.S. Code, provides among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

<b>Signature</b> (All household members included in this application must signed this form)	<b>Printed Name</b>	<b>Date</b>