



## Chatham County - Georgia Emergency Rental Assistance Program Self-Certification of Lease Agreement and Statement of Delinquent Rent

*To be submitted by Head of Household only if a formal written lease, **AND/OR** a formal written statement is not available, **AND** if landlord cannot or will not sign a certification of Landlord/Tenant relationship.*

### **Instructions:**

This is a written statement from the applicant documenting:

1. Lease agreement
2. Statement of Delinquent Rent

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 LEASE AGREEMENT:**

Head of Household's Name (If different from applicant): \_\_\_\_\_

Head of Household's Spouse name (if applicable): \_\_\_\_\_

Other Household Members 18 & over: \_\_\_\_\_

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

Landlord Address: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Email: \_\_\_\_\_

Landlord owns the property: Yes \_\_\_ No \_\_\_

Landlord is the management company authorized to manage the property: Yes \_\_\_ No \_\_\_



How long have you rented the property? \_\_\_\_\_

Applicant move in date: \_\_\_\_\_ Expiration of lease (if any): \_\_\_\_\_

Monthly rent payment: \_\_\_\_\_ Rent Past Due: \_\_\_\_\_

Are any utilities included in the rent payment? Yes \_\_\_ No \_\_\_ If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Applicant must attach the following to this Certification:

1. Evidence of Rent payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying rent) (i) paid by tenant to the Landlord listed in the application; and (ii) for a period of 3 up to 12 months since March 13, 2020.  
And
2. Evidence Utility Payments (may include bank statements, cleared or cancelled checks, or other documentation that reasonably evidences a pattern of paying utilities) (i) paid at the address listed on the application; (ii) for a period of 3 or more months since March 13, 2020; (iii) utility invoice must be dated within thirty days of the application date; and (iv) fully completed Tenant’s certification of Lease.

## 2. SELF-CERTIFICATION OF STATEMENT OF DELINQUENT RENT:

Please indicate the number of months that you **(tenant)** have not paid.

**Note:** the ERA Service Provider will not provide assistance for any period prior to March 13, 2020

**(PLEASE DO NOT SELECT ANY FUTURE MONTHS, THIS SECTION IS ONLY FOR RENT IN ARREARS)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> April 2020     | <input type="checkbox"/> December 2020 | <input type="checkbox"/> August 2021    |
| <input type="checkbox"/> May 2020       | <input type="checkbox"/> January 2021  | <input type="checkbox"/> September 2021 |
| <input type="checkbox"/> June 2020      | <input type="checkbox"/> February 2021 | <input type="checkbox"/> October 2021   |
| <input type="checkbox"/> July 2020      | <input type="checkbox"/> March 2021    | <input type="checkbox"/> November 2021  |
| <input type="checkbox"/> August 2020    | <input type="checkbox"/> April 2021    | <input type="checkbox"/> December 2021  |
| <input type="checkbox"/> September 2020 | <input type="checkbox"/> May 2021      | <input type="checkbox"/> January 2022   |
| <input type="checkbox"/> October 2020   | <input type="checkbox"/> June 2021     | <input type="checkbox"/> February 2022  |
| <input type="checkbox"/> November 2020  | <input type="checkbox"/> July 2021     | <input type="checkbox"/> March 2022     |

1. The base rent amount not paid for the months checked above is	\$
2. The late fees applied to the unpaid total is	\$
3. Total amount of past due rent and late fees requested	\$

I, \_\_\_\_\_ **(Tenant)** certify that the amounts listed above is what I owed to \_\_\_\_\_ **(Landlord)**.



**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.

Signature of Head of Household	Printed Name of Head of Household	Date