

Resident Rent Relief Fund (RRRF) Self Certification

I/We, _____, (head of household) certify all information provided in this application, including the following statements to be true by my initial next to each statement and by providing my signature on the form.

Initial the following that you are certifying to as part of your application for assistance:

___ I/We have experienced a hardship as a direct result of COVID-19.

___ I/We **have not** experienced a hardship as a direct result of COVID-19.

Acknowledgments & Certification:

- The Head of Household must sign this form, if applicable the Co-Head must also sign.
- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance from the Resident Rental Relief Fund.
- I/We hereby certify that the current physical address is our primary residence.
- I/We have experienced a hardship as a direct result of COVID-19.
- I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for the repayment of the funds.
- I/We authorize the Resident Rent Relief Fund, the Management Agent, and an authorized representative of the Partnership, to verify all information provided in this application.
- I/We understand that additional information may be required to move forward with this application.
- I/We have not received any form of rental assistance from the Resident Rent Relief Fund at any time.

Eligibility /Release of Information:

Your signature on this form authorizes the Resident Rent Relief Fund to obtain information from the Management Agent or an authorized representative of the Partnership to determine your eligibility to participate in the Resident Rent Relief Fund. **Each household member over the age of 18 must sign this form.**

Applicant's Authorization: I/We authorize the Management Agent and an authorized representative of the Partnership, to release information to the Resident Rent Relief Fund about me and any member of the household that is pertinent to determining my eligibility for participation in the RRRF program. I acknowledge that:



- (a) The Head of Household, the Co-Head, and all household members over the age of 18 if applicable, will cooperate with the Resident Rent Relief Fund, the Management Agent, and an authorized representative of the Partnership in the eligibility verification process.

Print Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

