



ALAMEDA COUNTY  
HOUSING SECURE

# COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

## TENANT ATTESTATION

Name (of Applicant) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) of household members \_\_\_\_\_

\_\_\_\_\_

**Verification of Income:**

My current gross monthly income is: \$ \_\_\_\_\_.

My household's current gross monthly income is \$ \_\_\_\_\_.

**AND** I have included the following documents to support my household's income eligibility: \_\_\_\_\_

\_\_\_\_\_

**OR**

*I am unable to provide documentation of my household income due to the extent that my income, or a portion thereof, is not verifiable due to the impact of COVID-19 (for example, because a place of employment has closed) or has been received in cash. I am aware that verification of income solely through this attestation without further documentation will result in reassessment of my household's income every three months if additional assistance is requested.*

I am unable to provide documentation because (please elaborate on your specific circumstance):

\_\_\_\_\_

\_\_\_\_\_

**OR**

*I have no qualifying income.*

**Initial Here** \_\_\_\_\_

**Verification of Rental Obligation:**

*Only complete this section if you cannot provide documentation to verify your rental obligation.*

*I am aware that not being able to provide documentation to verify my rental obligation limits payment of assistance up to a monthly maximum of 100% of the greater of the Fair Market Rate or the Small Area Fair Market Rent for the area in which I reside, as most recently determined by Housing & Urban Development and such assistance may only be provided for three months at a time.*

I am a tenant at the rental unit at the above-referenced address **AND**

I pay rent in the amount of \$ \_\_\_\_\_ every month for the right to the exclusive use and possession of the rental unit during the lease or rental period.

**Initial Here** \_\_\_\_\_

**Verification of Non-Duplication:**

*Only complete this section if you completed the Verification of Rental Obligation section.*

I have not and will not receive rental assistance for the months I am applying for from another source of public or private subsidy.

**Initial Here** \_\_\_\_\_

**Verification of Risk of Homelessness or Housing Instability:**

*Only complete this section if you cannot provide documentation to verify risk of homelessness or housing instability.*

I certify that I, or someone in my household, is at risk of experiencing homelessness or housing instability. I am unable to provide documentation to support my risk of homelessness or housing instability due to extenuating circumstances as a result of the COVID-19 pandemic.

I am currently experiencing one of the following risks of housing instability and/or homelessness:

- Past due utility bill(s)
- Rent due/eviction notice(s)
- Living in unsafe or unhealthy living conditions
- Code enforcement notice(s)
- Other \_\_\_\_\_

**Initial Here** \_\_\_\_\_

**Verification of Necessity of Internet Service:**

*Only complete this section if you have requested assistance with internet payments.*

I, \_\_\_\_\_, declare the foregoing to be true and correct under penalty of perjury and the laws of the state of California. I certify that I require internet service in order to access necessary services such as distance learning, telework, telemedicine, and/or to obtain government services.

**Initial Here** \_\_\_\_\_

**I declare the foregoing to be true and correct under the penalty of perjury and the laws of the State of California.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## Attestation of COVID-19 Related Hardship

***Only complete this section if you, or a member of your household, did not qualify for Unemployment Benefits and instead faced a different COVID-19 related hardship.***

Name of Tenant: \_\_\_\_\_

Tenant's Address: \_\_\_\_\_

I am currently unable to pay my rent or other financial obligations under the lease in full because my household includes an affected resident who has experienced one or more of the following:

1. Loss or reduction of income caused by the COVID-19 pandemic.
2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
3. Increased expenses directly related to health impacts from the COVID-19 pandemic.
4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limits my ability to earn income.
5. Increased costs of childcare or the care of an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment insurance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

**Use of this attestation does not constitute waiver of any rights under the Alameda County eviction moratorium or other applicable local, state, or federal laws.**

Signed under penalty of perjury under the laws of the State of California.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_