



ERAP SELF-CERTIFICATION FORM

Client Name, Address, and Phone Number:

Date _____

Case # _____

I certify that the information I provided in my Emergency Rental Assistance Program (ERAP) application dated _____ is true, complete, and accurate to the best of my knowledge. I understand that I was asked to provide documentation of each of these eligibility criteria, but I was unable to do so. By initialing each of the following statements, I certify:

_____ CERTIFICATION OF RESIDENCY: I live in the District of Columbia. I am a tenant living at _____. There are ____ bedrooms in my unit.

Please list any documents you are not able to provide and why:

[Empty box for listing documents not provided]

_____ CERTIFICATION OF INCOME: My household income during the 30 days immediately preceding the date of my ERAP application was _____. Please list each person in the household and their income below. (Additional people may be added on a separate sheet of paper):

Table with 2 columns: Person #/Income: and empty space for entry. Rows 1-8.

Please list any documents you are not able to provide and why:

_____ CERTIFICATION OF HOUSEHOLD SIZE: There are ____ adults and ____ children living in my household.

Please list any documents you are not able to provide and why:

_____ CERTIFICATION OF DISABILITY OR EXTENDED ILLNESS: I or someone in my household, has a physical or mental disability or an extended illness such that loss of existing housing would pose a serious threat to the health or safety of the family member.

Name(s) of individual(s) with disability or extended illness:

Please list any documents you are not able to provide and why:

_____ CERTIFICATION OF ASSETS: My total household assets during the 30 days immediately preceding the date of my ERAP application were _____.

List assets separately (ex. Balances in bank accounts, tax refunds, retirement accounts, stocks etc.) _____

Please list any documents you are not able to provide and why:

_____ CERTIFICATION OF EMERGENCY NEED: I fell behind in my rent as a result of:

___ COVID-19 related income loss

___ Illness

___ Lost or reduced employment

___ Increased expenses

___Reduced income due to household change

___Other_____

I am taking steps to increase my income to support future rent payments. I do not have the resources to pay my back rent which is owed. I will accept a payment plan from my landlord for any remaining balance that cannot be paid by this assistance.

Please list any documents you are not able to provide and why:

By signing below, I certify, under penalty of perjury, that the statements above and the contents of my ERAP application are true and accurate to the best of my knowledge. If I am unable to sign and complete this form, I authorize ERAP staff to complete it and sign on my behalf during oral confirmation.

Client Signature

Date

Staff Signature

Date