



EMERGENCY RENTAL ASSISTANCE (ERA1 & ERA2) SELF-ATTESTATION FORM

Instructions: This form allows for applicant(s) to self-attest their eligibility for the Collier County Emergency Rental Assistance Program based on required criteria, **IF** you cannot provide the required documentation of income and/or COVID-19 financial impact at this time.

INCOME and FINANCIAL HARDSHIP QUALIFICATION CERTIFICATION

***Form to be completed by **Applicant and signed by all adult household members** (if applicable), attesting to the true and accurate information to the best of their knowledge. *** The undersigned further understand(s) that under penalty of perjury, certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through this program.

Applicant Name: _____

Co-Applicant Name: _____

Property Address: _____

Adult Household Member(s) if applicable

Name: _____

Name: _____

Name: _____

Income qualification (e.g., total household income at or below 80% AMI)

The applicant(s) certifies that the **total household income** from all sources is at or below the 80% AMI (Area Median Income) see chart below.

Household Size	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
AMI 80%	\$52,850	\$60,400	\$67,950	\$75,450	\$81,500	\$87,550	\$93,600	\$99,600

Please confirm household income certification YES

Financial Impact (e.g., unemployment, reduction in income, significantly increased expenses, or other financial hardship)

The applicant(s) certifies that one or more members of the household has either qualified for unemployment, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship during or due directly or indirectly to the COVID 19 pandemic.

Please confirm financial impact OR other financial hardship YES

I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a **misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83**. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the information provided is true and complete to the best of my knowledge.

APPLICANT(S)

Applicant Signature	Printed Name	Date
Co-Applicant Signature	Printed Name	Date

OTHER HOUSEHOLD ADULTS

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

WITNESS SIGNATURE

Signature	Printed Name	Date
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Add additional signature sheets if necessary.