

## Property Information

Is the Tenant's physical unit address in Fairfax or Chesterfield?  Yes /  No



*If yes, you will have to apply through the appropriate locality. Virginia Housing will no longer accept applications for residents that reside in Fairfax or Chesterfield. The locality contact information is provided below.*

- **Fairfax County** landlords seeking rental assistance on behalf of their tenant:  
<https://www.fairfaxcounty.gov/health-humanservices/eviction-prevention>  
Telephone: 703-324-5580 | Email: [NCSEvictionSupport@fairfaxcounty.gov](mailto:NCSEvictionSupport@fairfaxcounty.gov)
- **Chesterfield County** landlords seeking rental assistance on behalf of their tenant:  
Submit required documentation to [chesterfieldlandlord@actsrva.org](mailto:chesterfieldlandlord@actsrva.org). Landlords may find necessary information with instructions at: <http://actsrva.org/chesterfield-landlord-information/>.

## Property / Landlord Information

Property City and Zip Code: \_\_\_\_\_

Property Name (Trade Name): \_\_\_\_\_

Landlord/Property Owner (full legal name on Virginia W9): \_\_\_\_\_

Authorized Agent completing application on Landlord's Behalf (if applicable): \_\_\_\_\_

Landlord/Agent Phone: \_\_\_\_\_ Landlord/Agent Email: \_\_\_\_\_

**Head of Household Information:** Please enter the following information for the primary tenant only.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Unit Number: \_\_\_\_\_ City / County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Language (Spoken / Written)

- |  |                                  |                                     |   |
|--|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Amharic               | <input type="checkbox"/> English | <input type="checkbox"/> Persian    | <input type="checkbox"/> Vietnamese     |
| <input type="checkbox"/> Arabic                | <input type="checkbox"/> French  | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Chinese (Simplified)  | <input type="checkbox"/> German  | <input type="checkbox"/> Russian    |   |
| <input type="checkbox"/> Chinese (Traditional) | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish    |   |
| <input type="checkbox"/> Dutch                 | <input type="checkbox"/> Korean  | <input type="checkbox"/> Swahili    |   |

## Loss of Income and/or Increased COVID Related Expenses

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The household has experienced a negative financial impact (directly or indirectly) due to COVID-19 or is receiving unemployment benefits. Select the reason(s) for loss of income and/or increased COVID related expenses below (select all that apply):

- Laid off
- Place of employment has closed
- Reduction in hours of work
- Must stay home to care for children due to closure of day care and/or school
- Reduction or elimination of child or spousal support
- Not able to work and/or missed hours due to contracting COVID-19
- Receiving unemployment
- Unable to find work due to COVID-19
- Unwilling or unable to participate in previous employment due to high risk of severe illness from COVID-19
- You have had an increase in expenses due to COVID-19, i.e. child care, medical bills, etc.

### COVID Impact Narrative (REQUIRED)

Describe below loss of income and/or increased expenses due to Coronavirus pandemic, including circumstance(s) resulting in a negative financial impact for the household.

### Assistance Programs

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Does anyone in the Household receive assistance from the following programs? Check all that apply:

- Low Income Home Energy Assistance Program (LIHEAP)
- Women, Infants, and Children program (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families program (TANF)

Does anyone in the household receive assistance from the government to help pay rent (e.g. a housing voucher)?

- Yes /  No      If yes, please attach documentation that your rent has been income-adjusted due to COVID.

Have you received help with your rent from any non-profit organization or government agency since March 2020?

Yes /  No

If **Yes**, provide the total assistance received per organization:

Amount	Months / Year	Who provided the assistance

## Household Income

Income*		Demographics						
Occupant Name (List Primary Applicant/ Head Of Household First)	Monthly Income For Household Members	Age	Gender	Race	Ethnicity	Head Of Household	Disabled	Served In Military
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Income:</b>	\$							

What is the [Households Area Median Income](#)?

- At or Below 30% AMI  
 31-50% AMI

- 51-80% AMI  
 Over Income

What are your Household Sources of Income? (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Employment Income (incl. tips, bonuses, etc.) | <input type="checkbox"/> Child Support                                  |
| <input type="checkbox"/> SSI / SSDI (adult)                            | <input type="checkbox"/> Alimony  |
| <input type="checkbox"/> SSI / SSDI (child)                            | <input type="checkbox"/> Unemployment                                   |
| <input type="checkbox"/> Pension Income                                | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |

**Asset Information**

Provide totals for each asset for the household.

- If the total of all assets is over \$5,000, the most recent statement from each asset must be attached.
- If the total of all assets is under \$5,000, attach the Under \$5,000 Asset Certification.

Asset	Account Value
Checking Account	\$
Savings Account	\$
Certificates of Deposit*	\$
Stocks or Bonds	\$
IRA/s or Retirement Funds	\$
Mutual Funds	\$
Trust Accounts	\$
Whole or Universal Life Insurance (not Term)	\$
Personal Property held as an investment	\$
Real Estate	\$
Any Assets not listed above	\$
Disposed assets in the previous 24 months for less than fair market value	\$
<b>Total</b>	<b>\$</b>

## Rental Relief Request

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### Rent Information

What month and year does the existing lease end? \_\_\_\_\_

Tenant's Monthly Rent Amount: \_\_\_\_\_

Number of Bedrooms in Rental Unit: \_\_\_\_\_

Tenant's Rent Amount is [at/below 150% FMR](#):  Yes /  No

If you are approved for the amount requested, will you have any remaining back rent owed?  Yes /  No

How much and for what months?

Month / Year	Amount
	\$
	\$
	\$
	\$

Are you currently in the midst of the eviction process, also known as an unlawful detainer?

Yes /  No

If Yes, when is the court date? \_\_\_\_\_

Are there any other places where you have received or expect to receive assistance for the rent relief requested on this application  Yes /  No      If yes, explain below:

**Request:**

<b>Month / Year</b>	<b>Rent</b>	<b>Rent arrears</b>	<b>Other Fees as Authorized in the Lease</b>	<b>Total Request</b>
April Rent (2020)	\$	\$	\$	\$
May Rent (2020)	\$	\$	\$	\$
June Rent (2020)	\$	\$	\$	\$
July Rent (2020)	\$	\$	\$	\$
August Rent (2020)	\$	\$	\$	\$
September Rent (2020)	\$	\$	\$	\$
October Rent (2020)	\$	\$	\$	\$
November Rent (2020)	\$	\$	\$	\$
December Rent (2020)	\$	\$	\$	\$
January Rent (2021)	\$	\$	\$	\$
February Rent (2021)	\$	\$	\$	\$
March Rent (2021)	\$	\$	\$	\$
April Rent (2021)	\$	\$	\$	\$
May Rent (2021)	\$	\$	\$	\$
June Rent (2021)	\$	\$	\$	\$
July Rent (2021)	\$	\$	\$	\$
August Rent (2021)	\$	\$	\$	\$
September Rent (2021)	\$	\$	\$	\$
October Rent (2021)	\$	\$	\$	\$
November Rent (2021)	\$	\$	\$	\$
December Rent (2021)	\$	\$	\$	\$
Total	\$	\$	\$	\$

**Release Forms, Certifications, Agreements**

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The **Third Party Release of Information** is completed by the tenant and is attached to the application:  Yes /  No

The **Zero Income Certification** is signed by the tenant and is attached to the application:  Yes /  No

The **Under-5000 Asset Certification** is completed by the tenant and is attached to the application:  Yes /  No

# TENANT AGREEMENT AND CERTIFICATION

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## Tenant Agreement

I, ( \_\_\_\_\_ Tenant), acknowledge and understand the terms of this agreement and have provided true and accurate information. I have been given the opportunity to ask questions and understand that I should seek legal counsel if Landlord is in breach of this agreement.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tenant Authorization

I, ( \_\_\_\_\_ Tenant), hereby authorizes DHCD and its Grantees and Contractors to disclose to its landlord that this RRP application has been filed and the current status of the application.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tenant Certification

I, ( \_\_\_\_\_ Tenant), certify that the information I have provided in applying for RRP assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of federal, state or local subsidy or financial assistance for rent during the same time period with the requested RRP and that I will repay any RRP assistance determined to be duplicative.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801- 3812.*

## LANDLORD AGREEMENT AND CERTIFICATION

This agreement details the rights and responsibilities of both Landlord and Tenant under the Virginia Rent Relief Program (RRP). By accepting payment of rent relief, I hereby agree to the following:

### Landlord Agreement

I, ( \_\_\_\_\_ Landlord), acknowledge and agree to the requirement that I must not evict the renter for non-payment of rent associated with any of the months for which the rent relief payment is made. Furthermore, I understand that RRP funds cannot be used to pay past due rent prior to April 1, 2020. I understand that if the renter owes past due rent prior to April 1, 2020, I must work with the tenant to develop an appropriate payment plan. If the tenant cannot adhere to the conditions within the payment plan, either the tenant or I, may return to the Rent Relief Program to apply for further assistance, provided the tenant remains eligible and funds are still available.

Landlords will notify tenant by email or mail of the amount of rent paid by RRP and steps to take if Tenant finds they are unable to pay rent in the future.

Furthermore, I acknowledge and agree to reimburse RRP funds if it is: a) determined at a later date that I or my Authorized Agent(s) (identified below) recorded inaccurate information contained in the Tenant Application Packet that resulted in determining the Tenant eligible for RRP financial assistance when Tenant was actually ineligible for said assistance, or b) if RRP assistance is determined to be duplicative of other assistance.

Furthermore, I shall hold harmless the Commonwealth of Virginia, DHCD, its grantees/agents and employees from all claims and demands based upon or arising out of any action by me, my employees, agents or contractors.

I shall maintain all contractual and household records for at a minimum of five years, and shall provide access to such records by the Commonwealth of Virginia, DHCD, its grantees/agents and employees as may be requested.

I confirm that, in processing tenant's application, I have complied with all applicable fair housing laws, including but not limited to, Virginia's Fair Housing Law which makes it illegal to discriminate in residential housing on the basis of race, color, religion, national origin, sex, elderliness, familial status, source of funds, sexual orientation, gender identity, status as a veteran, or disability.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Landlord / Authorized Agent Certification

I, ( \_\_\_\_\_ Landlord), certify the information I have recorded in the application and all attachments is accurate and complete based on the information provided by the Tenant in applying for RRP.

If this application is completed by an Authorized Agent on behalf of Landlord, Authorized Agent hereby certifies that it is duly authorized to act on behalf of Landlord as its agent with respect to this Application, including, but not limited to, the Landlord Agreement set forth above.

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Landlord / Authorized Agent's agreement with the certifications, terms, and conditions set forth herein is evidenced by the following signature.

Determination of eligibility completed by: \_\_\_\_\_

Landlord / Authorized Agent Name: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801- 3812.*





## CASH INCOME CERTIFICATION

### Virginia Rent Relief Program

I, \_\_\_\_\_, have applied for emergency rental assistance through the Virginia Rent Relief Program (RRP). For determining monthly income, RRP must obtain income source documentation for at least the two months prior to the submission of the application for assistance.

I have stated during this verification process that I do not have income source documentation (bank statements, paystubs, etc.) from my employer because I receive cash payment for my income in the amount of \$ \_\_\_\_\_ each month.

***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public or benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

I certify that the above information is true and correct.

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

Date: \_\_\_\_\_

**NOTE: If more than one adult member of the household does not have income source documentation (bank statements, paystubs, etc.), the primary applicant must certify that those household members also receive cash payments from employer/s.**

\_\_\_\_\_  
Name of adult household member with cash income #2

\_\_\_\_\_  
Primary Applicant's Initials

\_\_\_\_\_  
Name of adult household member with cash income #3

\_\_\_\_\_  
Primary Applicant's Initials

\_\_\_\_\_  
Name of adult household member with cash income #4

\_\_\_\_\_  
Primary Applicant's Initials



# SELF-EMPLOYMENT CERTIFICATION

## Virginia Rent Relief Program

Tenant/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_ Have operations been continuous?: Yes  No

Type of Business: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I am self-employed and that for the most current tax year \_\_\_\_\_, my net earnings were \$\_\_\_\_\_.

I hereby attach a copy of my individual federal income tax return for the prior calendar year.

I anticipate my annual earnings for the next calendar year to be \$\_\_\_\_\_. I certify that the information shown in such accompanying income tax return is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

**Check all that apply:**

- Previous year's tax return
- Explanation of how anticipated income was calculated if less than tax return
- Other supporting documentation of income

I hereby certify that the information provided is true and complete to the best of my knowledge.

Comments:          
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\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date



## THIRD-PARTY RELEASE OF INFORMATION

### Virginia Rent Relief Program

I, (print name) \_\_\_\_\_, authorize the following individual or organization to complete this application on my behalf, including submitting necessary documentation, speaking, and communicating via text, chat, or email with representatives of the RRP Support Center, Virginia Housing, and/or the Virginia Department of Housing and Community Development.

\_\_\_\_\_  
Print First/Last Name of Third Party

\_\_\_\_\_  
Print Third Party's Organization Name  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preferred Language (Spoken / Written)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature



# UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

Head of Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Development Name and Address: \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income		(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account(s)	\$ _____	_____ %	\$ _____	Checking Account(s)***	\$ _____	_____ %	\$ _____
Cash on Hand	\$ _____	N/AP	N/AP	Government Benefits****	\$ _____	_____ %	\$ _____
Certificates of Deposit	\$ _____	_____ %	\$ _____	Money Market Funds	\$ _____	_____ %	\$ _____
Stocks	\$ _____	_____ %	\$ _____	Bonds	\$ _____	_____ %	\$ _____
IRA Account(s)	\$ _____	_____ %	\$ _____	401(k)/403(b) Account(s)	\$ _____	_____ %	\$ _____
Keogh Account(s)	\$ _____	_____ %	\$ _____	Trust Funds	\$ _____	_____ %	\$ _____
Equity in Real Estate	\$ _____	_____ %	\$ _____	Land Contracts	\$ _____	_____ %	\$ _____
Lump Sum Receipts	\$ _____	_____ %	\$ _____	Capital Investments	\$ _____	_____ %	\$ _____
Bitcoin/ Cryptocurrency	\$ _____	_____ %	\$ _____	GoFundMe/Crowdsourcing	\$ _____	_____ %	\$ _____
Life Insurance (Excluding Term)	\$ _____	_____ %	\$ _____				
Other Retirement/Pension Funds not named above:	\$ _____	_____ %	\$ _____	Explanation _____			
Personal Property Held as an Investment**	\$ _____	_____ %	\$ _____	Explanation _____			
Other (list):	\$ _____	_____ %	\$ _____	Explanation _____			

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.  
 \*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.  
 \*\*\*Checking Account cash value should be the average in the checking account over the last six (6) months  
 \*\*\*\*Cash Card Account used to receive government benefits or other income.

(Check either box 2 or box 3 below, not both)

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below fair market value (FMV). Those amounts equal a total of: \$ \_\_\_\_\_ (enter the difference between FMV and the amount you received).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000, and the annual income from the net family assets is \$ \_\_\_\_\_ (enter the total of all (A\*B) Annual Income in section 1 above). This amount is included in total gross annual income.**

Under penalty of perjury, I/we 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 a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant                      Date                      Signature of Applicant/Tenant                      Date

\_\_\_\_\_  
Signature of Applicant/Tenant                      Date                      Signature of Applicant/Tenant                      Date

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).



## ZERO INCOME CERTIFICATION

### Virginia Rent Relief Program

I, \_\_\_\_\_, have applied for emergency rental assistance through the Virginia Rent Relief Program (RRP). Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- 1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- 2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;
- 3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- 4) The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a \*\*periodic amount (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation, payments to the widow of a serviceman killed in action). See paragraph (13) under Income Exclusions for an exception to this paragraph;\*\*
- 5) Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except as provided in paragraph (3) under Income Exclusions;
- 6) Public Economic Assistance Programs
  - a) Public assistance received by the family from the Temporary Assistance for Needy Families (TANF) program is counted as income, but not assistance received from the Women's, Infant, and Children (WIC) program, the Low Income Home Energy Assistance Program (LIHEAP), or the Supplemental Nutrition Assistance Program (SNAP) is not counted as income.
  - b) If the assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the assistance agency in accordance with the actual cost of shelter and utilities, the amount of assistance income to be included as income shall consist of:
    - (i) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
    - (ii) The maximum amount that the assistance agency could in fact allow the family for shelter and utilities. If the family's assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.

- 7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling; and
- 8) All regular pay, special pay, and allowances of a member of the Armed Forces, except as provided in paragraph (7) under Income Exclusions.

More information, including a list of Income Exclusions can be found at:  
[https://www.hud.gov/sites/documents/DOC\\_35699.PDF](https://www.hud.gov/sites/documents/DOC_35699.PDF)

***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in RRP, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

I certify that I have no income as defined above and that the above information is true and correct.

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

**NOTE: If more than one adult member of the household does not have income, the primary applicant must certify that those members also do not have any income by providing their names and initialing below.**

Name of adult household member with no income #2	Primary Applicant's Initials
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Name of adult household member with no income #3	Primary Applicant's Initials
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Name of adult household member with no income #4	Primary Applicant's Initials
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Name of adult household member with no income #5	Primary Applicant's Initials
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