DEHAP
Rental Assistance

Self-Certification of COVID-19 Hardship and Risk of Homelessness or Housing Instability

*Instructions: Please **read this page, check the appropriate options** and **sign and date**.*

A. SELF-CERTIFICATION OF (I) UNEMPLOYMENT OR (II) DECREASED INCOME AND/OR INCREASED EXPENSES:

☐ Since March 13, 2020, a member of my household qualifies for unemployment benefits

OR

☐ Since March 13, 2020, a member of my household has experienced (check all that apply):

> ☐ Experienced a reduction in household income
> ☐ Incurred significant costs
> ☐ Experienced other financial hardship due directly or indirectly to the pandemic

B. SELF-CERTIFICATION OF (III) RISK OF HOMELESSNESS OR HOUSING INSTABILITY:

The DEHAP Program requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

☐ A member of my household has experienced a risk of experiencing homelessness or housing instability. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020. For example, if one member of your household faced a risk or eviction or lived in an overcrowded situation between March 13, 2020 and August 1, 2020, your household would be eligible for DEHAP assistance under this eligibility criteria.):

The hardship includes (check all that apply):
☐ An eviction notice
☐ A past due utility or rent notice
☐ Monthly rent and utilities are more than 30% of the household's monthly income

OR

☐ Since March 13, 2020, one or more household members have experienced homelessness

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the DEHAP Program and other remedies available under applicable law.

_____   _____   _____

Signature   Name   Date