

**PRINCE GEORGE'S COUNTY  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM**

**TENANT SELF-CERTIFICATION OF ANNUAL INCOME FORM**

*This form is used in lieu of providing income documentation, but household member(s) must be willing to provide documentation upon request.*

**INSTRUCTIONS:** This is a written statement from the applicant documenting “Annual (Gross) Income,” the number of members in the household and the income for each member. Each household member (18 years old and older) must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request. *If a household member is completing this form to identify income for more than one calendar year, please indicate the applicable calendar year in the appropriate section.*

**DHCD may request additional information outside of the list identified below, where necessary to validate the information provided in this ERAP application.**

**Check all of the below statements apply to you and/or members of your household:**

- Your Place of Employment has Closed.
- Received Cash Payment.
- No Qualified Income (for example: applicable calendar year 1040 income tax form, W-2, or current most recent four paystubs (1 months’ worth), etc.)
- No Documentation
- Other, please describe below.

If the applicant has experienced financial hardship due to or during the COVID-19 pandemic, the applicant must describe how the household income has changed.



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**HOUSEHOLD INFORMATION**

FULL NAME	ANNUAL GROSS INCOME	APPLICABLE CALENDAR YEAR	SOURCE/EMPLOYER

**Annual Gross Income (total of all members) = \$ \_\_\_\_\_**

*Indicate here if the tenant household member is completing this form for more than one calendar year:*

TOTAL ANNUAL GROSS INCOME	CALENDAR YEAR

**Zero Total Income for entire Tenant Household:**



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**TENANT CERTIFICATION**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources, earned and unearned, to the Emergency Rental Assistance Program. I also understand that it is my responsibility to report all changes to my household composition or income in writing.

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>OTHER ADULT HOUSEHOLD MEMBERS</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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*I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Emergency Rental Assistance Program and may be grounds for termination of assistance.*

**WARNING:** The information provided on this form is subject to verification at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

