

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

**TENANT
WRITTEN ATTESTATION OF ELIGIBILITY**

INSTRUCTIONS:

Please complete one form and include the requested information for all persons in the household. Please attached an additional WORD document if the applicant needs more space. The adult head of household must sign and date the form.

PART I: ELIGIBILITY

The eligibility requirements of the Rental Assistance Program are limited to income eligible families/households whose annual income does not exceed 80% of the area median income, as determined by HUD. In addition to the income eligibility requirement, assistance is limited to applicants:

- Where one or more individuals within the household has qualified for unemployment benefits or 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.

Area Median Income Chart:

FY 2025 Income Limit Area	Median Family Income	FY 2025 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Washington-Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area	\$163,900	Low (80%) Income Limits (\$)	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900	\$132,450	\$141,000

To comply with program guidelines, the applicant must indicate which income and financial hardship eligibility categories applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

☐ Experiencing financial hardship

☐ One or more individuals within the household has been unemployed for last 90 days

I hereby certify that I have been negatively impacted by the **COVID-19** pandemic and am underemployed or unemployed.

Check all statements below that apply to you and/or members of your household. DHCD may request additional information outside of the list identified below, where necessary to validate the information provided in this ERAP application.

Please provide a supporting or clarifying statement and/or document, where applicable.



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- You have been laid off.
- Your place of employment has closed.
- You have experienced a reduction in hours of work.
- You must stay home to care for children due to closure of day care and/or school.
- You have lost child or spousal support.
- You have been unable to find employment due to COVID-19.
- Your household has qualified for unemployment benefits or experienced a reduction in household income.
- You are unwilling or unable to participate in your previous employment due to existing underlying health conditions that may place you at a higher risk of severe illness from COVID-19, according to CDC guidelines.
- Other, please describe below.

If the applicant has experienced financial hardship due to the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently).

Do you have an unexpected increase in medical, childcare, or utility expenses **related to COVID-19**?

Yes ____ No ____

Is your rent and currently delinquent due to COVID-19? Yes ____ No ____

Are your utilities currently delinquent due to COVID-19? Yes ____ No ____

If yes, by how many months? _____

Can one or more individuals within the household demonstrate a risk of experiencing homelessness or housing instability? Yes ____ No ____

Revised 06.01.2025

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PART II: TENANT CERTIFICATION/ATTESTATION

I certify under penalty of perjury that all the information provided in this document is complete and accurate to the best of my knowledge. I understand that 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.

I agree to provide any additional documentation required by DHCD to document my/our household income. Further, I, along with all other adult members of my household who are on the lease, certify that the household income provided in this application or furnished to the landlord or owner of the rental property applying on behalf of my/our Household, includes the total household income for all persons receiving wages or other income, including but not limited to unemployment benefits and financial assistance from federal, state, or local agencies and/or other private entities.

I understand that false statement(s) or information provided in my/our application or to the landlord completing this application could result in rejection of the application. I understand that failure to report income as stated above is grounds for denial from the ERA Program.

Household Number	Printed Name (Last, First, MI)	Date and Signature (Household Members 18years old and older)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Date of Birth (mm/dd/yyyy)	Student (PT/FT, Neither)	1-Elderly (62+) 2-Disabled 3-Homeless 4-Veteran 5-Youth (under 25) 6-Not Applicable Choose #
1			HEAD OF HOUSEHOLD			
2						
3						
4						



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10			

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.

