



Income | Eligibility Certification Form COVID Rent Relief Program

Only one form should be completed per household.

Address: _____ Apt No. _____

City/State/Zip: _____

Full Names of all residents 18 and older who live at this address and their Dates of Birth (mm/dd/yyyy):

#	First Name	Last Name	Date of Birth
1.			
2.			
3.			
4.			
5.			

Section 1: Eligibility

To be considered for this assistance, the household must meet the following conditions:

- Household income does not exceed 50% of area median income from 2020 or 2021 taxes or previous 30 days.
- One or more individuals within the household has qualified for unemployment benefits after March 13, 2020, or has experienced a reduction in income, incurred significant costs, or experienced a financial hardship due to the COVID-19 pandemic.
- Owe at least two months of rent at the time of application portal opening
- Have been a resident of Montgomery County since at least August 1, 2021
- Have an obligation to pay rent formally or informally

**If your household does not meet all of the above, please do not continue submitting an application.
If the household meets the criteria, please continue answering the following.**

Please check all that apply to any member of the household:

- Experienced a financial hardship due to the COVID-19 pandemic
- Have been unemployed for 90 days or more or qualified for unemployment benefits
- Have been laid off work
- Place of employment closed
- Reduced work hours
- Had to stay home to care for self or others
- Loss of child support
- Unable to find employment due to COVID-19
- Death of wage-earner due to COVID-19

Please provide a detailed description of the COVID impact experienced by the household

Section 2: Income

Write the name or number for each adult household member, then indicate whether they receive an income, whether they are a full-time student, whether they receive a cash income without formal documentation, their monthly gross income and pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually). *Gross income is the total income earned before any taxes, insurance, or other deductions are taken out.*

Name or Number (#) used above	I do not receive income from any sources (yes/no)	I am a full-time student (yes/no)	I currently receive regular income (please note income source in box such as wages, pension, unemployment, child support)	I currently receive cash income and do not have 2020 taxes, current paystubs or other employer provided documentation. (yes/no)	Monthly Gross Income (\$)	Pay Frequency (weekly, bi-weekly, monthly, etc.)

In looking at all bank, retirement, annuity, money market, or any other financial account held by any member of the family. Please check all that apply:

- The value of all accounts combined is \$10,000 or more
- The value of all accounts combined is \$9,999 or less
- We can access all these funds without penalty
- We cannot access of the funds without penalty. Please note the percentage with restricted access: _____

Describe what each of you did to earn this money (be specific). Please also include how this is different than what you were earning before the COVID-19 pandemic (before March 13, 2020):

e.g., John Doe worked 40 hours/week at Sammy's Restaurant earning \$15/hour from January 2020 – April 2020. The restaurant cut him back to 20 hours/week starting in May 2020 and closed for good in July 2020. John received unemployment August – November 2020 and started earning \$400/month at another cafe in December 2020.

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Section 3: Certification

I attest that the above information is true, correct, and complete to the best of my knowledge. I certify that all income and asset information has been provided, including but not limited to wages, unemployment benefits, child/spousal support, pensions, social security, and financial assistance from any federal, state or local program. I understand that submitting false, misleading, or incomplete information may result in denial of application and reclamation of any funds already provided.

I agree to provide additional information, as requested, to the COVID Rent Relief program that is needed to verify this information and process my application.

Please have all adults sign below, corresponding to the numbered lines used above.

#	Signature	Date
1.		
2.		
3.		
4.		
5.		