

HOUSING PRESERVATION PROGRAM

Certification of Program Eligibility

Date: _____

I, _____, do hereby state that my household has at least 1 or more individuals of my household that is obligated to pay rent on a residential dwelling and can demonstrate a risk of experiencing homelessness or housing instability, and thereby meet the housing circumstance eligibility criteria. My household can demonstrate this risk of experiencing homelessness or housing instability by providing notice of past due utility or rent, eviction notice, or through an inability to pay future rent.

Furthermore, a member of my household has a qualifying COVID-19 related financial hardship, including:

- 1) Qualified for unemployment benefits; **OR**
- 2) Experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to the novel coronavirus disease (COVID-19) outbreak;

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State laws and may result in prosecution and repayment of assistance.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY COMPLETING AND SUBMITTING THIS FORM I ACKNOWLEDGE THAT MY TYPED NAME SHALL HAVE THE SAME LEGAL VALIDITY AND ENFORCEABILITY AS A MANUALLY EXECUTED SIGNATURE TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW.

NAME: _____