



RentReliefRI

## ATTESTATION

All sections of this attestation must be completed.

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**APPLICANT NAME :**

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**APPLICANT EMAIL ADDRESS :**

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**APPLICANT ADDRESS :**

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### **SECTION 1. COVID Hardship**

**I attest that the following is/are true:**

- Loss of income **due** to COVID-19
- I have lost income **during** COVID-19

**Please describe your reduction in income or other financial hardship:**

I attest that the following is/are true:

- Loss of employment  
(e.g. employer shut down/closed during pandemic, laid off from employer during COVID, etc.)
- Reduction of income  
(e.g. hours cut at work, loss of second job, loss of overtime hours, etc.)
- Left job due to COVID-related issue  
(e.g. loss of child care, could not work due to concern over contracting COVID, etc.)
- Increased expenses during pandemic  
(e.g. increased child care costs, increase in utility bills due to working from home, increased cost of food or other necessities, etc.)
- Other (please describe your COVID hardship):

**SECTION 2. Income**

- I attest that my household income is currently zero. We have no income from any source.
- I attest that I became unemployed on \_\_\_\_\_ .
  - I am still receiving unemployment benefits.
  - I am no longer receiving unemployment benefits.
- I attest that the below is a complete and accurate list of my income and the income of all members of my household, including wages, tips, overtime, unemployment, government assistance, child support and alimony, pension/social security and other income. I attest that I have no sources of income other than the ones listed below.

HOUSEHOLD MEMBER NAME	DATE OF INCOME	SOURCE OF INCOME	AMOUNT OF INCOME	FREQUENCY OF INCOME	CONTACT INFO FOR THE INCOME PROVIDER



#### SECTION 4. Risk of Homelessness or Housing Instability

- I attest that one or more members of my household is at risk of experiencing homelessness or housing instability for the following reasons (*please select all that apply*):
- My household has no income and cannot afford rent and other basic needs.
  - My household has income but it is insufficient to afford rent and other basic needs.
  - I have an eviction.
  - I have a 5-day demand notice or past due utility bill.
  - If we lose our housing unit, we have nowhere else to live.
  - Other (please provide a brief narrative of your risk of homelessness or housing instability):

**I declare under penalty of perjury that the information provided in this Attestation is true and correct. I understand that providing false representations is an act of fraud and that fraud will be prosecuted to the fullest extent of the law and may disqualify me from assistance programs.**

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**APPLICANT SIGNATURE**                      **APPLICANT NAME**                      **DATE**

**INSTRUCTIONS:** In addition to the applicant, another person(s) with knowledge may attest to one or more of the above items on the applicant’s behalf by signing and completing the below section.

Attach additional pages if needed.

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**SIGNATURE**                      **NAME**                      **DATE**

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**PHONE NUMBER**                      **EMAIL ADDRESS**                      **ORGANIZATION NAME  
(IF APPLICABLE)**

**RELATIONSHIP TO THE APPLICANT:**

- LANDLORD     
  EMPLOYER     
  CASE WORKER     
  GOVERNMENT AGENCY  
 NON-PROFIT     
  OTHER: \_\_\_\_\_