



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

SELF-CERTIFICATION OF RISK OF HOMELESSNESS OR HOUSING INSTABILITY

The Hall County Emergency Rental Assistance Program requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

A member of my household has experienced a risk of experiencing homelessness or housing instability; however, is unable to document the risk. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020. For example, if one member of your household faced a risk of eviction or lived in an overcrowded situation between March 13, 2020 and August 1, 2020, your household would be eligible for Hall County Emergency Rental Assistance Program assistance under this eligibility criteria.)

The hardship includes (check all that apply):

- Risk of eviction
- Living in an overcrowded residence (number of household members is greater than the number of total rooms), which can increase the risk of exposure to COVID-19
- Monthly rent and utilities are more than the household can afford
- The household struggles to purchase essential goods or services and pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school
- The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for rent or utilities, rather than wages or other income
- one or more household members have experienced homelessness

Other - Please explain: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the and other remedies available under applicable law.

Signature of Applicant/

Printed Name of Applicant/

Date