



## HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

### WRITTEN ATTESTATION OF INCOME

**Each household member 18 years or older, who cannot** provide supporting documentation for their income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access or if the income was received in cash must complete this form.

Household Member's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Within the last 12 months, did you receive income from any of the following sources?**

Yes  No Wages, salaries, tips, bonus, commissions, etc.  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_

Yes  No Severance pay  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_

Yes  No Net income from the operation of a business or profession  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_

Yes  No Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, and online sales  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_

If you answered yes to any of the questions above, please provide:

\_\_\_\_\_ Name of Employer/Former Employer

\_\_\_\_\_ Name of Contact Person to Verify Employment

\_\_\_\_\_ Phone Number of Contact Person

Yes  No Worker's compensation  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_

Yes  No Interest/dividends from assets, including bank accounts  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_

- Yes  No    Unemployment benefits  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Social Security or Supplemental Security Income (SSI)  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Annuities, pensions, and retirement funds (i.e. IRA, 401K)  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Insurance policies, disability, death benefits, or similar types of periodic receipts  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Alimony or child support  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Regular contributions or gifts received from organizations or other persons not residing  
in the dwelling (including online donations such as GoFundMe or through a local bank)  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Temporary Assistance for Needy Families (TANF)  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    All regular pay, special pay, and allowances of a member of the Armed Forces, except  
the special pay to a family member serving in the Armed Forces who is exposed to  
hostile fire (e.g., in the past, special pay included Operation Desert Storm)  
Amount of Income over the Last 60 Days \$ \_\_\_\_\_
- Yes  No    Any other source (if yes, explain source and last two months income amount) \_\_\_\_\_

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that I am unable to provide any documentation of the income listed above. 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 Hall County Emergency Rental Assistance Program and other remedies available under applicable law. I also give the Hall County Emergency Rental Assistance Program and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

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Signature of Household Member

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Printed Name of Household Member

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Date