



HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM

RECERTIFICATION

WRITTEN ATTESTATION OF INCOME AND VERIFICATION OF ELIGIBILITY

Each household member 18 years or older, must 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)_____

_____.

I do further certify that our household is still in need of rental assistance due to:

This document will certify that this household is still in need of assistance as a result of the impacts of COVID-19 as described in my original application.

I have provided the Hall County Emergency Rental Assistance Program with evidence of all income received by this household for the past 60 days.

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.

Signature of Household Member

Printed Name of Household Member

Date