



**HALL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM 2.0  
CERTIFICATION OF DISBURSEMENT**

The undersigned \_\_\_\_\_ (applicant name) who has applied for assistance from the Hall County Emergency Rental Assistance Program 2.0 (ERAP 2.0) file number \_\_\_\_\_ does here by acknowledge and agree as follows:

THAT in connection with the ERAP 2.0, Hall County has agreed to disburse the following payments as “other” assistance that is not for rent or utilities:

1. The amount of \$ \_\_\_\_\_, (agreed upon payment amount) which shall be payable to \_\_\_\_\_ (payee) for the following:  
\_\_\_\_\_.
2. The amount of \$ \_\_\_\_\_, (agreed upon payment amount) which shall be payable to \_\_\_\_\_ (payee) for the following:  
\_\_\_\_\_.
3. The amount of \$ \_\_\_\_\_, (agreed upon payment amount) which shall be payable to \_\_\_\_\_ (payee) for the following:  
\_\_\_\_\_.
4. The amount of \$ \_\_\_\_\_, (agreed upon payment amount) which shall be payable to \_\_\_\_\_ (payee) for the following:  
\_\_\_\_\_.

The undersigned applicant understands and agrees that the above reference payment will be made payable to \_\_\_\_\_ (applicant name), who hereby agrees that said payment will ONLY be used for the payment of the items listed herein, and if such payments are not made, that the unused funds will be returned to the Hall County ERAP 2.0 program.

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 Hall County Emergency Rental Assistance Program and other remedies available under applicable law.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Applicant:

\_\_\_\_\_