

**STATE OF GEORGIA RENTAL ASSISTANCE PROGRAM  
STATEMENT OF HARDSHIP - TENANT ATTESTATION**

I or a member of my household, as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_, am experiencing financial difficulty that is either due to the COVID-19 pandemic or has taken place on or after March 13, 2020.

**My household is experiencing financial difficulty due to (please select the first option that most applies to your household's circumstances):**

**OPTION 1:** Qualification for unemployment benefits for at least one household member.

**I understand that providing false, incomplete, or inaccurate information on application forms in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

**OR**

**OPTION 2:** At least one household member has experienced a reduction in household income, incurred significant costs, or experienced financial hardship (please check applicable reason(s) and include written attestation to describe the financial hardship):

- Experienced a loss or reduction of income due to COVID-19.
- Needing to take extended time off work due to COVID-19, either to:
  - Care for my child(ren) whose school is closed; or
  - Care for a family member who is sick with COVID-19.
- Needing to take extended time off work because I have tested positive for COVID-19.
- Excessive COVID-19 related healthcare related or other expenses.
- Penalties, fees, and legal costs associated with rent or utility arrears.
- Payments for rent or utilities made by credit card to avoid homelessness or housing instability.
- Moving costs for households that moved to avoid homelessness or housing instability.
- Increased internet access and computer equipment costs needed to attend work and/or school.
- Alternate transportation for households unable to use public transportation during the pandemic.
- Purchase of personal protective equipment (PPE).

Please briefly describe the financial hardship experienced due to COVID-19, including the name of the household member that is experiencing the hardship. **REQUIRED – Please provide written description from applicant/affected tenant:**

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**I understand that providing false, incomplete, or inaccurate information on application forms in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

**OR**

- OPTION 3:** At least one household member has experienced financial hardship through a reduction in household income or incurred significant costs that are unrelated to COVID-19 and the hardship took place on or after March 13, 2020. **Required: Please provide written statement describing the financial hardship:**

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I acknowledge that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I am particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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Signature

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Date

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Signature of Person Helping Complete Form

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Date

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Printed Name of Person Helping Complete Form