

**FORT BELKNAP TRIBAL HOUSING AUTHORITY (FBTHA)
COVID-19 EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM**

APPLICANT CERTIFICATION/ATTESTATION OF ECONOMIC HARDSHIP

In order for Financial Assistance to be provided under the FBTHA ERA Program, this Certification/Attestation of Economic Hardship must be completed and signed/dated by the Tenant/Applicant.

I, _____, the Applicant, do hereby certify and attest under oath, that one or more individuals in my household have experienced a reduction in household income, incurred significant costs; or experienced other financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I agree to notify in writing the Fort Belknap Tribal Housing Authority of any significant changes to my household income or financial status that would impact my eligibility for the FBTHA ERA Program.

By my signature below, I certify under oath that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

Applicant signature

Date

Applicant Printed Name

THIS CERTIFICATION/ATTESTATION MUST BE SIGNED EITHER BEFORE A NOTARY PUBLIC OR BEFORE TWO INDIVIDUALS WHO SIGN AS WITNESSES.

* * * * *

STATE OF _____)

: ss

County of _____)

This document was executed before me, on the _____ day of _____, 2021, by the above named individual.

(SEAL) Notary Public for the State of _____
Notary Public (name typed/stamped or printed)

Residing at: _____

My Commission Expiration: _____

OR

* * * * *

WE THE UNDERSIGNED WITNESSES CERTIFY THE ABOVE INDIVIDUAL (APPLICANT) SIGNED THIS DOCUMENT IN OUR PRESENCE:

1. _____

2. _____

Date: _____

Date: _____