



**EMERGENCY RENT & UTILITY ASSISTANCE PROGRAM
SELF-CERTIFICATION FOR CONTINUED ASSISTANCE**

Date: _____

Applicant / Head of Household Name: _____

Address: _____
Street City State Zip Code

Phone Number: _____ E-Mail Address: _____

I, _____, hereby certify that my household continues to lack sufficient resources to pay rent and/or utilities because of the COVID-19 emergency. Ongoing assistance is needed for my household and no additional funding sources are available. There have been no changes to the income reported in my original application other than as noted below:

I therefore request \$_____ in assistance to pay for Rent Utilities for the following time period: _____.

The undersigned further understand that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household

Date

Signature of Other Adult Household Member (if applicable)

Date