

Clark County 2021 COVID-19 EMERGENCY RENTERS ASSSISTANCE PROGRAM (ERAP) Current and Past Monthly Rent Due Self-Attestation

Tenant Name:						
Tenant Property Address:						
Tenant Phone:			Tenant Email:			
Instructions: Use this Attestation form ONLY if the landlord has not provided the required W-9 and Landlord Verification form via paper documents or through the landlord portal.						
Tenant rental unit is (check one):						
□ Studio	□ 2-bedroom			☐ 4-bedroom or more		
□ 1-bedroom		□ 3-bedroom		□ I rent a room		
Month/Year	Monthly Base Rent	Late Fees	Utilities (only if payment is to landlord)	Payments Made by Tenant	Remaining Balance	
	<u> </u>					
	 					
TOTAL						
Self-Attestation for Rental Obligation: If you cannot provide the required documentation for your rental obligation at this time, please use this section to explain why supporting documents are not readily available.						
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Tenant Certification					
The information above is a complete and accurate list of Tenant's Past Due Rent that is owed to the Landlord for the					
address listed above where Tenant currently resides. I promise that the Tenant household has not used any other					
emergency rental assistance payment for the same month(s) requested in this application.					
I declare under penalty of perjury that the information provided in this attestation is true and correct. I understand					
that providing false representations is an act of fraud and that fraud will be prosecuted to the fullest extent of the law					
including civil and criminal penalties, and may disqualify Tenant from assistance programs.					
TENANT APPLICANT IS OVER 18 YEARS OF AGE AND SIGNS UNDER PENALTY OF PERJURY UNDER THE LAWS OF					
THE STATE OF NEVADA THAT THE INFORMATION PROVIDED IS COMPLETE, TRUE AND CORRECT.					
Signature:	Name (Printed):	Date:			