Emergency Rental Assistance Program NRHA CHAP General Attestation Statement

Head of Household Name:	Client	#
Address:		
	, declare under the penalty of pe	rjury that the following is
true and correct.		
Is any household member receiving re ☐ No ☐ Yes	ental assistance from the county or an Agency Name:	
COVID related loss of inco	ome:	
	situation and the financial impact CO	VID-19 has had on my
At least one member of my housel	hold qualified for unemployment benefits	due to COVID-19.
I experienced a reduction in house		
My household incurred significant	costs due to COVID-19. Please describe	e:
My household has experienced oth	her financial hardship due to COVID-19.	Please describe:
	_	
<u> </u>		
☐ Without rental assistance I am at☐ I have been issued an eviction no☐ I have a past due notice for my re	situation and how my housing is at rist risk of being evicted. – Please explain be office due to unpaid rent. Please provide. ent or utilities. Please provide. If or unhealthy. Please provide document of the provide docume	elow
Please use this space to provide add Signature of applicant certifies that all information is that the falsification or omission of any information and documents may cause denial and/or terministical and the second control of the second cont	is to be used to determine eligibility for prog ormation on my application, any program po	al hardship is COVID-19 gram assistance. I understand aperwork or any other
category D felony pursuant to NRS 199.145,	and I may have to repay benefits received.	
Printed Name of Client	Client Signature	Date

CHAP VERS2