



COLORADO EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) INCOME SELF-ATTESTATION FORM

INSTRUCTIONS

This template allows for applicants to self-attest their income eligibility for the Colorado Emergency Rental Assistance Program (ERAP). Please complete this form if in the previous three (3) months you had income that you are not able to verify with documentation, such as pay stubs (ex: self-employment, wages paid in cash, income from a closed business, etc.).

Carefully read each section and complete ONLY the applicable criteria sections for which you are unable to provide the required supporting documentation.

NOTE: This is a fillable form, and you can click directly on the boxes within each applicable below to fill in your information directly. Once you have filled out the applicable criteria sections you must sign the certification at the end and upload a copy of your identification with this form.

The completed and signed certification can be printed and attached to your paper application or uploaded with your online application at <https://portal.neighborlysoftware.com/ERAP-COLORADO/Participant>

Per guidance from the US Treasury, Colorado ERAP may perform additional testing or review processes to help minimize the potential for fraud. The use of self-attestations may delay the processing of your application, require additional information from you, or result in limitations to the amount of assistance available to you.

Acknowledgement:

- ❖ Form to be completed by each household member (over 18 years of age) that is verifying undocumented income.
- ❖ Self-attestation of household income will require that the Applicant recertify income every three months to receive future funding (as available).
- ❖ I understand that providing false, incomplete, or inaccurate information on application forms or seeking assistance for months in which assistance has been or will be provided, may result in termination of participation in the Program and possible criminal liability.



APPLICANT INFORMATION (REQUIRED)

Name	
Name of Primary Applicant for Rental Assistance	
Application Case Number	
Rental Unit Address	
Address 2	
City	
State	
Relationship to Primary Applicant ("self" for your name)	

Please select the following the option(s) that best describes how you receive income:

- Income, but lack proof of income documentation (*including the following sources: full and/or part-time employment, Veteran Administration (VA) Compensation, gross rental or lease income, unemployment benefits, social security benefits, Wages from a closed business, etc.*)
- Self-Employed
- Cash Income
- No Income (Zero Income)

Note: After the above selection, complete the applicable section that applies on one of the following pages AND complete the 'Certification' section on the last page.



SELF-ATTESTATION FOR LACK OF INCOME DOCUMENTATION AND/OR CASH INCOME

*(Complete this section ONLY IF you receive income, but it is either cash or you cannot submit proof of that income. Example: you cannot find your paystubs, you do not have your unemployment benefits statement, etc. Proceed to the 'Certification' section on the last page after completion. If this does not apply to you, **do not** complete.)*

Attestation of Lack of Income Documentation

Please detail the circumstances that prevent you from providing the required supporting documents necessary to complete an income eligibility review. **(Note: Explanation is Required)**

If you received income or wages, please declare the total amounts below:

<u>Source of Income /Employer</u>	<u>Cash Income Received</u>	<u>Amount Earned in the Last Month</u>	<u>Annual Gross Income</u>
Annual gross income from all sources			

If available, provide contact information for someone who can verify your cash income. For example, you may provide contact information for the person who hires you, a caseworker or another professional who knows you earn cash income.

Name	
Phone Number	
Email address	

How does this person know that you earn cash income?



SELF-ATTESTATION FOR ZERO INCOME INCOME

*(Complete this section ONLY IF you have had not received any income within the past three (3) months).
If you recently lost income, note the date of when you last received income and reason for loss of income. Proceed to the 'Certification' section on the last page after completion.
If this does not apply to you, **do not** complete.)*

- I certify that I have not received income from any of the following sources in the last three (3) months:
- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business, contract work, or "gig" work, including cash payments.
 - c. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.), including cash payments.
 - d. Rental income from real or personal property.
 - e. Interest or dividends from assets.
 - f. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - g. Unemployment or disability payments.
 - h. Public assistance payments.
 - i. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - j. Any other source of income not named above.

How have you paid your household expenses such as food, transportation, internet, cell phone, and health care during the last three months without income? **(Note: Explanation is Required)**

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____.

Reason for Loss of Income



SELF-ATTESTATION FOR SELF-EMPLOYMENT

(Complete this section ONLY IF you were self-employed / owned your own business. Proceed to the 'Certification' section on the last page after completion. If this does not apply to you, do not complete.)

Business Name		
Business Address		
Date Business Opened		
Type of Business		
Have Operations Been Continuous?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Business Closed (if applicable)		
Net Income for 2020 Tax Year		
Net Income for 2021 Tax Year (to date)		
Verification of Self-Employment Income <i>(Check all that apply and attach the documents if available)</i>	<input type="checkbox"/> Previous Year's Tax Return <i>(reflecting self-employment income)</i> <input type="checkbox"/> Year-to-Date Profit & Loss Statement <input type="checkbox"/> Other Supporting Documentation of Income	

If the business is closed, how have you paid your household expenses such as food, transportation, internet, cell phone, and health care during the last three months?



CERTIFICATION (REQUIRED)

I agree to provide additional information or documentation upon request to the ERAP administrator.

I understand that I am reporting my past and current income for the Colorado Emergency Rental Assistance Program (ERAP) to establish my eligibility and the determination of the amount of assistance needed. I declare under penalties of perjury that the foregoing representations of the income for my household are true, correct, accurate, and complete in all respects.

I understand that providing false, incomplete, or inaccurate information on application forms or seeking assistance for months in which assistance has been or will be provided, may result in termination of participation in the Program and possible criminal liability.

Printed Name Household Member Self-Attesting	
Signature of Household Member Self-Attesting	
Date	

Primary Applicant is signing on behalf of the household member

***Reminder: You must also upload a copy of your identification with this form.**