Certification by Tenant

Use this form if someone other than a household member filled out and submitted the application.

TENANT

Name of Tenant	
Application Case Number	
Phone or email of Tenant	

HELPER

Name of person who filled out my application ("Helper")	
Email of Helper	
Phone number of Helper	

To be filled out by the Tenant

☐ I authorized the "Helper" listed above to fill out and submit my online application for rental assistance

☐ I certify that I provided the information used to complete the rental assistant application

Certifications

☐ 1) I certify that the application information provided is true and complete to the best of my/our knowledge.

☐ 2) I understand that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance under Colorado's Emergency Rental Assistance Program.

☐ 3) I understand that providing false statements or information, or the omission of required information, is grounds for termination of housing assistance, denial of future housing assistance, and may be punishable by law.

☐ 4) I understand that additional information will likely be required to move forward with this program.

☐ 5) By signing this application below I certify that I understand and agree that I will be responsible for repaying any benefits that are determined to be duplicative of the assistance received from this program.

☐ 6) I grant permission and authorize any bank, employer, or other public or private agency to disclose information deemed necessary to determine or verify eligibility for emergency rental assistance, including income, tenancy, employment, or participation in other state and local programs.

☐ 7) I grant permission to the State of Colorado to share my application information with partner agencies or organizations for the purpose of reviewing and approving this application and for providing me with rental or utility assistance.

Signature of Tenant_____ Date _____