



Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

COVID Rent Relief Program: Tenant Rent Attestation

Please note: this form must be completed in English. If you need assistance filling out this form, including interpretation, please contact (833) 499-0318.

Date: _____

My name is _____ (name) and I reside at
_____ (address). This is
my primary residence.

I attest that I pay _____ (\$ amount of rent) in rent each _____
(frequency of rental payments: month, week, or day) for my residence at
_____ (address).

The name of the landlord/management company I pay my rent to is,
_____ (name of landlord or management company).

I send my rent to,

(landlord/management company's street address or P.O. Box, city, state and zip code). The

landlord/management company's telephone number is, _____

(telephone number). The landlord/management company's email address is,

_____ (this field is optional).

Certification:

I hereby affirm under the penalties provided by law that the statements within this application are true, correct, and complete to the best of my knowledge.

Tenant

Date