



ANDREW M. CUOMO  
Governor

# Homes and Community Renewal

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Commissioner/CEO

## COVID Rent Relief Program: Tenant/Household Member Employment Attestation

**Instructions:** This form must be completed by each adult member in the household who has lost income or employment due to COVID-19 and are unable to provide paystubs, W2s, an employer letter, or any other written documentation of income.

**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).

Prior to the COVID-19 pandemic, I was employed as a:  
\_\_\_\_\_ (job you performed).

I earned \_\_\_\_\_ (\$ amount of income)  
every \_\_\_\_\_ (frequency of earnings: month, week, or day) before taxes  
were taken out, if any.

Currently, I am employed as a: \_\_\_\_\_ (job you  
perform, or write “unemployed” if you have lost your job).

I earn \_\_\_\_\_ (\$ amount of income)  
every \_\_\_\_\_ (frequency of earnings: month, week, or day) before taxes  
are taken out, if any.

**Certification:**

I hereby certify under penalties provided by law that I currently reside at the address I provided and that the information provided is true and complete. I understand and agree that if I fail to disclose all income from household members, I may be held responsible to repay the State of New York the full amount of any benefits received improperly, plus any interest charges.

\_\_\_\_\_  
Tenant/Household Member

\_\_\_\_\_  
Date