



ANDREW M. CUOMO  
Governor

# Homes and Community Renewal

RUTHANNE VISNAUSKAS  
Commissioner/CEO

## COVID Rent Relief Program

### Expanded Applicant Attestation: Zero Income

#### A. Instructions

Applicants for the COVID Rent Relief Program (CRRP) are required to complete this form when notified by the program either by phone, email or by mail. You and each adult member of your household are required to complete this form to provide additional information necessary to process your application and verify your eligibility for assistance. In your application, you reported that you earned Zero income in 2020 for at least one month after COVID (after April 1).

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

**To ensure your place on the COVIDRRP waiting list, applicants must fully complete all required sections and return within seven (7) calendar days of the date you received this form. This form should be returned utilizing the applicant portal as instructed in the email you should have received from the program, or by mail if necessary. If you are unsure how to submit, please call (833) 499-0318.**

#### B. Applicant Information (REQUIRED)

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

COVIDRRP Application Confirmation Number: \_\_\_\_\_

(Only if you submitted your application using the COVIDRRP website)

How did you submit your application? \_\_\_\_ Paper \_\_\_\_ Online portal

**Section C: Zero Income (Required if you reported Zero Income)**

Please complete this section **if you reported Zero income on your COVIDRRP application after COVID (after April 1).**

I certify that that for the months listed below for 2020 I did not receive any income (check each month where you had Zero income):

\_\_\_ April

\_\_\_ May

\_\_\_ June

\_\_\_ July

I certify that during the months checked above, I DID NOT receive income from any of the following sources:

1. Employment by any private or public employer;
2. Unemployment compensation benefits;
3. Social Security benefits;
4. Any type of annuity benefits;
5. Public assistance;
6. Child support;
7. Pension or veteran’s benefits;
8. Maternity or other leave benefits;
9. Money from friends, relatives, or aid organizations on a regular basis;
10. Income from any other source.

**Section D. Signature (REQUIRED)**

**Certification:**

I hereby certify under penalties provided by law that that the information provided is true and complete. I understand and agree that if I fail to disclose all income or rent payments, 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