



ANDREW M. CUOMO
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

COVID Rent Relief Program

Expanded Applicant Attestation: High Rent Burden

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 as the applicant 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 your monthly rent payment exceeded 60 percent of your monthly income prior to COVID (before April 1, 2020).

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: Rent Burden (Required if you reported a greater than 60% rent burden)

I certify that I personally pay the following in rent each month for the above address:

\$ _____.

I certify that no other individual or organization contributes to this rent payment, including but not limited to roommates, family members, charitable/non-profit organizations, or any local, state or federal program.

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