



ANDREW M. CUOMO
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

New York State COVID Rent Relief Program

Expanded Applicant Attestation: Nominal Income

A. Instructions

Applicants for the New York State COVID Rent Relief Program (NYS CRRP) are required to complete this form when notified by the program either by phone, email or by mail. Applicants must complete this form when they have indicated an income of \$100.00 or less for a Coverage Period Month on their application. Applicants for the CRRP are required to complete this certification form when an income of \$100.00 or less is indicated for any month in the Coverage Period: April 2020, May 2020, June 2020, July 2020.

The CRRP requires the Total Monthly Income to be inclusive of all Household members over the age of 18 (dependent full-time students with income are not included). By completing this form, you are certifying that the Household income for the period indicated is \$100.00 or less.

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

B. Applicant Information (REQUIRED)

Name of Applicant: _____

Address of Applicant: _____

Phone Number: _____

Email _____

COVID Rent Relief Program Application Confirmation Number: _____

Section C: Nominal Income (Required if you reported Nominal Income)

I certify that that for the months listed below for 2020 I received income in the amount of \$100 or less (check each month where you had income in the amount of \$100 or less.):

___ 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