



Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
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.

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