

BRAZOS COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM – TENANT CERTIFICATION

Administrator/Contact Information:

Tenant Name(s):

Property Address:

Unit Number:

City:

Zip Code:

Tenant Phone #:

Tenant email:

If you are under Eviction:

Court Docket #:

Justice of the Peace (J.P.)

Precinct #

I/We, above named Tenant(s), hereby certify that:

Please initial each statement indicating that you have read and agree.

___ I/we have occupied the above-referenced unit as my/our principal residence during the period of time for which the rental arrears assistance is requested and will occupy the unit as my/our principal residence throughout the remaining months for which the assistance is provided.

___ I/we understand that this program requires participation from both the Landlord and Tenant and if the Tenant does not elect to do so, no assistance will be provided.

___ I/we understand that if there is any portion of the rent or rental arrears that is to be paid by or on behalf of the Tenant (Tenant Payment), such Tenant payment must be made to or forgiven by the Landlord, and the Landlord must confirm receipt or forgiveness, prior to the program making an assistance payment to the Landlord.

___ That to my/our knowledge, the Unit for which I am receiving assistance is not receiving any other form of government assistance for the same month or months of rent for which this assistance is requested, such as tenant-based voucher assistance (such as Section 8) is not receiving project-based assistance, and is not public housing.

___ I/we will not seek to obtain rental assistance in the future for the same months of rental arrears or rent covered by this assistance, and that if I/we do receive such assistance I will report it to Landlord using the contact information in my/our lease, and to the Administrator using the contact information at the top of this form.

___ I/we will inform the Administrator, using the contact information at the top of this form, within ten calendar days if evicted from the Unit or no longer occupy the Unit as my/our principal residence.

___ That to my/our knowledge, I/we, nor the Landlord to our knowledge, have previously received rental assistance funded with any Federal or State funds, or that I/we have previously received such rental assistance from (provider) for (#) months.

___ That I/we have provided a written lease to Administrator, or if I/we have not provided a written lease, that the information I have provided in the Tenant Application regarding the terms of my/our lease and rent amount are true and accurate and if requested, I will provide proof of my/our tenancy.

I/we have been impacted by the COVID-19 Pandemic. (Please select any/all conditions that apply to your household since — March 13, 2020):

- A. Household has had a loss of household income due to the COVID-19 pandemic.
- B. Household has had increased household costs due to school closures or medical expenses associated with the COVID-19 pandemic.

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(Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income or increased expenses. Statement may be provided verbally and documented by staff completing form.)

____ That the information I/we have provided is true, accurate, and complete, and if requested, I am able to provide documentation to prove my household's loss of income or additional expenses.

____ That any amounts past due I/we owe to the Landlord are forgiven if a payment is made as a result of this agreement, but that I/we may remain responsible for charges authorized under the lease going forward including but not limited to pet rent or trash pickup fees.

____ I/we understand that in accordance with 2105.151 of the Tex. Gov't Code, I/we have a right to request a hearing if I/we believe the Administrator has been unjust, discriminatory, or without reasonable basis in law or fact, and that I/we have the right to file a complaint at: Brazos County, P.O. Box 914, Bryan, TX 77806, Attention: BCERAP Program Manager.

____ Tenant acknowledges that all information collected, assembled, or maintained by Administrator pertaining to this Contract, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act.

____ Tenant shall provide the U.S. Department of Health and Human Services or U.S. Department of Housing and Urban Development, as applicable based on the funding source of the assistance, the U.S. Inspector General, the U.S. General Accounting Office, the Texas Comptroller, the Texas State Auditor's Office, the Office of Court Administration and the Texas Department of Housing and Community Affairs, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this certification.

____ That I/we have been provided a copy of this certification.

____ That the information I/we have provided is true, accurate, and complete, and if requested, I am able to provide documentation to prove my household's loss of income or additional expenses.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

Signature of Administrator

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

