



COVID-19 Rent Relief Application and Affidavit

** Please save this form and open in pdf application before filling out **

Phone number:				Tenant Last Name:	
City: State: ZipCode: Mailing Address (if different): City: State: ZipCode: ZipCode: State:	Phone number:		Email:	Email:	
Mailing Address (if different): City: State: ZipCode:	Rental Address:		State	Unit #:	
City:	Mailing Address (if different):		State:	ZipCode:	
Names of all other household members: #1 First Name:	City:		State:	ZinCode:	
#1 First Name: Last Name: Last Name: Last Name: #2 First Name: Last Name: Last Name: Last Name: H4 First Name: Last Name:	City		State.	zipode	
#2 First Name: Last Name: Last Name: H4 First Name: Last Name: Last Name: H5 First Name: Last Name: Last Name: H6 First Name: Last N			Last Name		
#3 First Name: #4 First Name: #5 First Name: #6 First Name: #6 First Name: #1 Last Name: #6 First Name: #6 First Name: #6 First Name: #8 Last Last Name: #8 Last Name: #8 Last Name: #8 Last Last Name: #8					
#4 First Name:					
#5 First Name: Last Na					
#6 First Name: Last Name: Last Name: I declare, under penalties of perjury, as follows: 1. I pay rent to (Landlord) whose contact information is: Mailing Street Address: State: ZipCode: Phone number: State: ZipCode: Phone number: Email: 2. My household has lost significant income due to COVID-19 and is now unable to pay rent for my residence. 3. My household's estimated gross income for the current month is \$ 4. My household's monthly rent is \$ 5. My household does not have sufficient savings or liquid assets to pay the rent. 6. My residence is not subsidized through federal or state resources and my household is responsible for the full payment of the rent. 7. No other person in my household has applied for or will apply for this COVID-19 Rent Relief Program. 8. I understand MaineHousing will make a one-time payment up to Five Hundred and 00/100 Dollars (\$500) to be applied to my April rent (if not already paid) or my May rent (if April was paid), so long as my Landlord agrees not to take any action to evict me for nonpayment of rent for the month the payment is applied to. I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Maine State Housing Authority and the State of Maine to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class D crime (17-A MRSA, ch.19), and will					
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I am signing this Application and Affidavit by electronically entering my name below or providing a wet signature.	I am si	gning this Application and Affidav	it by electronically entering my n	name below or providing a wet signature.	
Date: Name:	Date:		Name:		
** Email the completed application to rentrelief@mainehousing.org **		** Email the co	mpleted application to rentreli	ief@mainehousing.org **	