



FINANCIAL HARDSHIP AFFIDAVIT

Emergency Rental Assistance Program and Utility Assistance

Name: _____ Phone Number: _____

Address: _____ SSN: _____

In order to qualify for consideration for the ARPA Emergency Rental Assistance Program, I/we am/are submitting this form to the ARPA Emergency Rental Assistance Program and indicating my/our check marks to the one or more events that contribute to my/our difficulty in making payments on my/our rent, utilities, and/or security deposit.

One or more household members income contribution has been reduced or lost as a result of COVID 19. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

My/Our household financial circumstances have changed as a result of COVID-19. For Example: Death in household due to COVID-19. I have provided details below under "Explanation."

My/our household expenses have increased as a result of COVID-19. For Example: high medical and health-care costs, unexpectedly high utility bills, etc. I have provided details below under "Explanation."

There are other reasons I/we am/are requesting financial assistance as a result of or during the COVID 19 pandemic. I have provided details below under "Explanation."

Explanation:

I understand that this information is subject to verification. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in Cobb County Rental Assistance Program and may be grounds for termination of assistance. I understand that O.C.G.A. § 16-10-20 provides that willful false, fictitious or fraudulent statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor, punishable by fines and imprisonment.

I attest that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income before reapplying for funding.

Print Name of Household Member _____

_____ Date Signature of Household Member