



Case Id: _____
Project Name: _____
Address: _____

EMERGENCY RENTAL ASSISTANCE ALABAMA

Tenant Certification

1141 Montlimar Drive, Suite 1000
Mobile, AL 36609
833-620-2434
support@eraalabama.com

Please provide the 5-digit TENANT case number, if available: _____

Please provide your first and last name: _____

Apartment or unit number: _____

Please provide your phone number: _____

Please provide your email address (optional) _____

Please attach your most recent utility statement(s) for which you would like assistance.

The Emergency Rental Assistance Alabama Program may be able to help the many renters with these unexpected financial hardships created by COVID-19. The program assists low-income renters to cover past due rental and utility expenses as well up to 3 months of future rent and utility expense assistance over a 15-month period. A tenant does not have to be past due to participate in the program. Application for assistance may be initiated by either the Tenant or the Landlord. This program has specific eligibility requirements and not all rental households may be eligible. Application funding is subject to availability. Funds may not be available by the time a household applies. Other program limitations may also apply.

It is anticipated that the U.S. Department of Treasury may provide further guidance on this topic. Therefore, the Emergency Rental Assistance Alabama will amend and revise the program and require supporting documentation as needed.

If you need assistance completing an application, our Call Center staff can complete the application with you by email support@eraalabama.com or phone by calling 833-620-2434.

E. COVID-19 Impact

Name: _____

Address: _____

E. COVID-19 Impact

E.1. Has the leaseholder or other members of the leaseholder household lost income or incurred significant costs due to the COVID-19 pandemic?

Yes.

No.

E.2. Please check each condition that applies to the leaseholder or other members of leaseholder household who have lost income due to the COVID-19 pandemic (check all that apply):

REDUCTION IN INCOME

Laid off-Receiving unemployment assistance.

Laid off-Not receiving unemployment assistance.

Place of employment has closed.

Reduction in hours of work.

Must stay home to care for child/children due to closure of daycare or school.

Not able to work and/or missed hours due to contracting COVID-19.

Unable to find work due to COVID-19.

Are self-employed, and their business is no longer supplying them with income or such income has been reduced.

Unable to participate in their previous employment due to their high risk of severe illness from COVID-19.

Other reduction in household income (please describe):

INCURRED SIGNIFICANT COSTS

Reduction or elimination of child or spousal support.

I had an unexpected COVID related medical or funeral expense.

Child or Adult dependent care expenses increased due to COVID-19.

Other Significant Costs.

Other significant costs or financial hardship experienced due to the COVID-19 pandemic.

If you selected "Other," please describe the situation in E.3.

E.3. Please provide a short description of your COVID-19 Income Loss.

Submit

Name: _____
Address: _____

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. Also note: please check your Spam email folder if you have not received any emails from Neighborly.

I certify each of the following on behalf of myself and the other members of my household:

- 1. I have occupied the unit for which I am seeking assistance as my principal residence during the time for which the rental or utility arrears assistance is requested and will occupy the unit as my principal residence throughout the remaining months for which the assistance is provided.
- 2. I have disclosed all Housing Choice Voucher or Project-Based, or Public Housing Rental Assistance, and I am not receiving any other form of government or charitable assistance for the tenant portion for the months of rent for which this assistance is requested, such as tenant-based voucher assistance (such as Section 8), or project-based assistance.
- 3. I will not seek to obtain rental or utility assistance in the future for the same months of rental arrears, rent, utility arrears, or utilities covered by this assistance. If I do receive such duplicative assistance I will report it to Landlord and/or Utility Provider using the contact information in my lease or utility bill statement, and to the Emergency Rental Assistance Alabama Program.
- 4. I have provided a current written lease as part of the application, or if I have not provided a current written lease, I have provided documentation of residence which may include evidence of paying utilities for the residential unit, an attestation by a landlord who can be identified as the verified owner or management agent of the unit, or other reasonable documentation as determined by the program.
- 5. I understand that if determined to be ineligible, I can appeal the decision by following the appeal instructions at [www.https://eraalabama.com/](https://eraalabama.com/)
- 6. I acknowledge that all information collected, assembled, or maintained by the Emergency Rental Assistance Alabama Program pertaining to their application, except records made confidential by law or court order, are subject to the Alabama Open Records Act. Under the Act Emergency Rental Assistance Alabama Program must provide any interested person with reasonable access to all records pertaining to this application and other than personally identifiable information protected by law.
- 7. I shall provide the U.S. Department of the Treasury, the U.S. Inspector General, the U.S. General Accounting Office, the Alabama Comptroller, the Alabama State Auditor's Office, the Office of Court Administration and the

Alabama Housing Finance Authority (AHFA), 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 application. If funds are paid directly to me, I agree to keep records of my payment to the Landlord for the later of five years, or Such records will be kept for the longer of five years after notice of a monitoring, audit, or litigation has been provided, and the matter has had a final disposition.

- 8. I have been provided a copy of this certification.
- 9. I may remain responsible for charges presented with my utility bill, such as district assessments or cooperative fees, that are presented separately from the charges for utility service.
- 10. I may remain responsible for charges authorized under the lease other than rent going forward, including but not limited to pet rent or trash pickup fees.
- The information I 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. I understand that providing false, incomplete, or inaccurate information on application forms or seeking assistance for months in which assistance has been or will be provided, may result in termination of participation in the Program and possible criminal liability.
- I authorize my landlord to submit my information to ERA Alabama on my behalf. Furthermore, I authorize ERA Alabama's Customer Service Representatives to complete my application based on the information above and information provided by my landlord.

Resident Signature

Date
