



Tenant Affidavit for COVID Rent Relief Program

I/We understand that the information provided in the application is collected to determine if I/We are eligible to receive assistance provided through the federally funded Emergency Rental Assistance Programs.

I/We hereby certify that the information provided here is accurate and complete to the best of my knowledge and belief. I/We understand that providing false statements or information will result in denial of assistance and could result in a court action to recover funds.

I/We authorize Montgomery County and their representatives to verify all information provided in this application. This will include contacting the landlord or property manager listed on this application. I/We understand that additional information will likely be required to provide assistance, and I/We will respond promptly to outreach attempts by the program.

I/We have had the opportunity to review the Montgomery County's Notice of Privacy Practices (<https://www.montgomerycountymd.gov/hhs/rightnav/PrivacyNotice.html>).

I/We acknowledge and understand that Title 18, Section 1001 of the U.S. Code (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal or cover up a material fact; (b) make any materially false, fictitious or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious or fraudulent statement or representation, to any branch of the United States government including recipients who distribute federal funds, and (2) requires a fine, imprisonment for not more than five years or both, which may be ruled a felony, for any violation of such Section.

I/We also understand that if my request for assistance is approved that information may be shared within Montgomery County Government, the Maryland Department of Housing and Community Development and the US Department of the Treasury.

Signature of Applicant: _____ **Date:** _____

Print Name of Applicant _____

Signature of Co-Applicant: _____ **Date:** _____

Print Name of Co-Applicant _____

