



## RESIDENTIAL EMERGENCY RENTAL ASSISTANCE PROGRAM SELF-CERTIFICATION OF LANDLORD/TENANT RELATIONSHIP

(To be Submitted by Head of Household if no written lease is available)

Head of Household's Name:

\_\_\_\_\_

Head of Household's Spouse (if applicable):

\_\_\_\_\_

Other Household Members 18 & Over:

\_\_\_\_\_

Landlord's Name (name where rent is sent):

\_\_\_\_\_

Landlord's Address:

\_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

(the "Property")

How long have you rented the Property? \_\_\_\_\_

Term of Lease: \_\_\_\_\_ Expiration of Lease: \_\_\_\_\_

Monthly Rent Payment \_\_\_\_\_

Are you behind in rent:      Yes      No      If yes, how much rent is past due \$ \_\_\_\_\_?

If the property is managed by a Management Company attach evidence the Management Company is authorized to manage the property (property management agreement)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the Ocean County Residential Emergency Rental Assistance Program and other remedies available under applicable law.

Signature of Applicant:

Date:

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Printed Name of Applicant:

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the RERAP and other remedies available under applicable law.

Signature of Applicant/Landlord:

Date:

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Printed Name of Applicant/Landlord:

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