



RESIDENTIAL EMERGENCY RENTAL ASSISTANCE PROGRAM WRITTEN ATTESTATION OF INCOME

Each household member 18 years or older, who cannot provide supporting documentation for their income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access or if the income was received in cash must complete this form.

Household Member's Name: _____

Property Address: _____

Within the last 12 months, did you receive income from any of the following sources?

- | | | |
|-----|----|---|
| Yes | No | Wages, salaries, tips, bonus, commissions, etc.
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Severance pay
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Net income from the operation of a business or profession
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Income from self-employment, including direct sales consulting (i.e. Mary Kay, Tupperware), Uber/Lyft services, and online sales
Amount of Income over the Last 60 Days \$ _____ |

If you answered yes to any of the questions above, please provide:

- | | | |
|-----|----|---|
| Yes | No | Worker's compensation
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Interest/dividends from assets, including bank accounts
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Unemployment benefits
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Social Security or Supplemental Security Income (SSI)
Amount of Income over the Last 60 Days \$ _____ |
| Yes | No | Annuities, pensions, and retirement funds (i.e. IRA, 401K)
Amount of Income over the Last 60 Days \$ _____ |

- Yes No Insurance policies, disability, death benefits, or similar types of periodic receipts
Amount of Income over the Last 60 Days \$_____
- Yes No Alimony or child support
Amount of Income over the Last 60 Days \$_____
- Yes No Regular contributions or gifts received from organizations or other persons not residing
in the dwelling (including online donations such as GoFundMe or through a local bank)
Amount of Income over the Last 60 Days \$_____
- Yes No Temporary Assistance for Needy Families (TANF)
Amount of Income over the Last 60 Days \$_____
- Yes No All regular pay, special pay, and allowances of a member of the Armed Forces, except
the special pay to a family member serving in the Armed Forces who is exposed to
hostile fire (e.g., in the past, special pay included Operation Desert Storm)
Amount of Income over the Last 60 Days \$_____
- Yes No Any other source (if yes, explain source and last two months income amount)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge and that I am unable to provide any documentation of the income listed above. 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. I also give the Ocean County Residential Emergency Rental Assistance Program and its partners permission to obtain a copy of any tax returns from the Internal Revenue Service and to verify income and other information provided herein from other State agencies.

Signature of Household Member

Printed Name of Household Member

Date