

# AFFORDABLE HOUSING INCENTIVE PROGRAM

OPENING DOORS TO HOUSING STABILITY



## AHIP Occupancy Assistance Tenant/Agency Self-Certification Form

The information provided in the application and this self-certification form is collected to determine if my household is eligible to receive occupancy assistance from the Affordable Housing Incentive Program with federal funds (i.e., US Treasury's Emergency Rental Assistance 2 (ERA2) funds authorized by the American Rescue Plan Act of 2021).

Initial next to each of the following statements.

\_\_\_\_\_ ACCURACY

I certify that all the information provided in the application is true and correct. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law. I release Granite United Way, the Affordable Housing Incentive Program (AHIP), AHIP Partner Agencies, NH Community Development Finance Authority (CDFA), and the State of New Hampshire from any and all liability which may result from providing such information as it pertains to me or members of my household.

\_\_\_\_\_ DUPLICATION OF BENEFITS

I certify that my household has not received nor will receive assistance from another program for the same costs that will be paid with AHIP Occupancy Assistance.

\_\_\_\_\_ INFORMATION SHARING

I understand my information will be shared with the CDFA, State of New Hampshire Governor's Office for Emergency Relief and Recovery (GOFERR), the U.S. Department of Treasury, landlord, and utility provider for the purpose of assessing my needs for housing, utility assistance, and/or other services and providing benefits.

\_\_\_\_\_ INCOME & HOUSEHOLD SIZE

I certify that my income sources and amounts listed in the application accurately reflect the income my household received in the last 30 days. This includes if I have no reportable income or income from self-employment.

List any income documentation you are not able to provide and why:

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\_\_\_\_\_ FINANCIAL HARDSHIP

I certify that either myself or another adult in my household (check all that apply):

- Qualifies for unemployment benefits.
- Has had a loss of income, increased expenses, or other financial hardship related directly or indirectly to COVID19.

\_\_\_\_\_ USE OF PAYMENT

I certify that any occupancy assistance paid by AHIP will be paid directly to the provider and may only be used for specified purpose.

By signing the application, I certify that all information provided is correct and that failure to provide correct information or misrepresentation, falsifying or failure to disclose information could result in the household being denied emergency housing assistance.

Tenant Name

Tenant Signature

Date

I can attest that the above mentioned individual / household has a need for the requested assistance and to the best of my knowledge is not receiving any other assistance for this purpose.

Referring Individual

AHIP Partner Agency

Referring Individual Signature

Date