

COVID19 Pandemic Relief Assistance Affidavit

The COVID 19 Homeowner/Renter Assistance is a temporary relief effort to assist individuals and families who are experiencing a housing crisis as a result of the COVID19 Pandemic shutdown.

- I (we) are unemployed or underemployed as a direct result of the COVID19 Shutdown.
Please explain: _____

- My (our) business was interrupted and/or reduced revenue from the COVID 19 shutdown. Please explain:

- Other (please explain how the COVID 19 shutdown caused financial hardship related to the relief you are seeking).

This relief may not be used to duplicate or supplant any subsidies, benefits, or services that have been or will be provided by the Federal Emergency Management Agency (FEMA), NJ Department of Community Affairs (DCA), or any other Federal, State, local, or private agency or insurance company.

By signing below:

- I (we) attest that I (we) have not received funding from any other state or federal agency private insurance, or charitable organization for the funds currently being requested.
- I (we) understand that any information I (we) provided may be subject to verification.
- I (we) certify that all the information I (we) provided is true and complete to the best of my (our) knowledge.
- I (we) attest that I (we) have read and agree to these statements and fully realize that the Division of Family Development relies upon truth and accuracy of my (our) statements.

Certification:

My (our) household is in need of assistance as a result of the COVID 19 shutdown. I (we) understand the statements on this affidavit and the penalties for hiding or giving false information, including but not limited to criminal penalties for false swearing pursuant to NJSA 2C:28-2, and civil penalties under 45 C.F.R. 79.3 for program fraud. I (we) certify under penalty of perjury, that the information I (we) have given is correct and complete to the best of my knowledge I (we) also authorize the release of any information necessary to determine the correctness of my certification.

Applicant Signature (Print/Sign) _____ **Date** _____

Co-Applicant (Print/Sign if applicable) _____ **Date** _____

Agency Representative (Print/Sign) _____ **Date** _____

*****THIS FORM MUST BE COMPLETED AT INITIAL APPOINTMENT****

