Tenant (TE) Record #:_____

King County

King County Eviction Prevention and Rent Assistance Program

Tenant Attestation of Income, Financial Impact from COVID-19, and Housing Instability

1. Tenant (Applicant) Name:_____

2. Have you been financially impacted by COVID-19? **True** ☐ **False** ☐

3. Do you currently have past-due rent, and could you lose your housing if you do not get assistance in paying your rent? **True** ☐ **False** ☐

4. What is your current total <u>household</u> size? _____(total persons)

5. What is your current total <u>household</u> income? $_____(income amount)

Please **SELECT THE BOX** that applies based on the household size and income provided above.

2020 TOTAL HOUSEHOLD <u>SIZE</u> & <u>INCOME</u>	2021 TOTAL HOUSEHOLD <u>SIZE</u> & <u>INCOME</u>:
Size: 1 - Total Income $41,799 or below………………☐	Size: 1 - Total Income $40,499 or below………………☐
Size: 2 - Total Income $47,799 or below………………☐	Size: 2 - Total Income $46,299 or below………………☐
Size: 3 - Total Income $53,749 or below………………☐	Size: 3 - Total Income $52,099 or below………………☐
Size: 4 - Total Income $59,699 or below………………☐	Size: 4 - Total Income $57,849 or below………………☐
Size: 5 - Total Income $64,499 or below………………☐	Size: 5 - Total Income $62,499 or below………………☐
Size: 6 - Total Income $69,299 or below………………☐	Size: 6 - Total Income $67,149 or below………………☐
Size: 7 - Total Income $74,049 or below………………☐	Size: 7 - Total Income $71,499 or below………………☐
Size: 8 - Total Income $78,849 or below………………☐	Size: 8 - Total Income $76,399 or below………………☐

Declaration and Agreement Statement

You declare that the information presented in this attestation is true and correct to the best of your knowledge. You further understand that knowingly providing false representation or information may constitute an act of fraud and may result in denial of the application, repayment of any funds received through the King County Eviction Prevention and Rent Assistance Program, and/or other legal or equitable remedies.

You agree to provide additional verifying information and documentation to King County, including evidence of income, upon request. You also understand that King County can audit any EPRAP application and to seek repayment of funds if information provided or attested to in this process is incorrect, incomplete, or false.

Certification of EPRAP Case Worker or Tenant

I, _____*(name)* of _____*(agency, if applicable)* certify that I have read the Declaration and Agreement Statement to the tenant (applicant) listed above, and have been provided with verbal consent to sign on their behalf.

_____	_____	_____
Name	**Signature**	**Date, Time**