



SEMINOLE COUNTY ERAP/ARPA ASSISTANCE SELF-CERTIFICATION FORM

Applicant name _____

Phone # _____

Address _____

Email _____

The documentation required for the ERAP/ARPA application is not feasible for me to obtain or provide due to the following extenuating circumstances related to: (i) the pandemic, (ii) a disability, or (iii) a lack of technological access. I have completed the related information and descriptions in the fields below in lieu of documentation:

The applicant(s) certifies that one or more members of the household has lost income due to or during the COVID-19 pandemic.

Was the loss of income a **direct** result of COVID-19? Please circle one: YES NO

Please check each condition that applies to the household.

- Have been laid off temporarily or permanently
- Unemployment benefits have ended
- Have had work hours reduced
- Were about to start a new job but could not, or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits
- Are self-employed and their business is no longer supplying them with income or income has been reduced
- Have become sick themselves or have had to take care of sick family members resulting in lost wages
- Other – please provide explanation of hardship below:

The applicant(s) certifies that the household is at risk of experiencing homelessness or is currently experiencing housing instability due to the following circumstances.

Please check each condition that applies to the household.

- Currently past due on rent or mortgage and/or utilities
- Have been late on rent or mortgage and/or utilities more than once in the last 12 months
- Current on rent or mortgage but have struggled to make the payments

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance. The information provided is subject to verification by the county or eligible municipality.



SEMINOLE COUNTY ERAP/ARPA ASSISTANCE SELF-CERTIFICATION FORM

Signature of Applicant Printed Name of Applicant Date

Witness _____ Witness _____

OR

<u>FOR AN OATH OR AFFIRMATION:</u>	
STATE OF FLORIDA	
COUNTY OF _____	
Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.	Signature _____
(NOTARY SEAL)	_____ Name of Notary (Typed, Printed, or Stamped)
Personally Known _____ OR Produced Identification _____	
Type of Identification Produced _____	