



**EMERGENCY RENTAL
RELIEF PROGRAM**
BERGENCOUNTYCARES.ORG

Brought to you by
Bergen County Executive Jim Tedesco &
The Board of County Commissioners



APPLICANT/HOUSEHOLD MEMBER INCOME CERTIFICATION

This Form must be completed for each Household member, 18 years of age or older, who cannot provide supporting documentation of their income due to extenuating circumstances related to the pandemic, disabilities, lack of technological access, if the income was received in cash or claims not to have had any income within the last 60 days.

Applicant Name: _____

Application Number: APP-_____

Applicant Address: _____

Applicant Email Address: _____

Applicant Telephone No.: _____

I am submitting an application for rental assistance under the Bergen County Emergency Rental Relief Program because I do not have one or more of the required documents, I am submitting this written income certification instead.

I certify that the information provided below is a complete and accurate list of my and all household member's income, during the *last 60 days* including but not limited to the following: wages from employment (including commissions, tips bonuses, fees, etc.), Income from operation of a business, rental income from real or personal property, Interest or dividends from assets. Social security payments, annuities, insurance policies, retirement funds, pension, death benefits, unemployment or disability benefits, public assistance payments, alimony, child support, self-employed resources or any other source. **I further certify that no other source of income other than the ones listed below exists.**

Household Member Name	Amount of Income Earned over the last 60 days (If none please insert 0)	Source of Income



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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 Bergen County Residential Emergency Rental Assistance Program and other remedies available under applicable law. I also give the Bergen County Residential Emergency Rental Assistance Program and its partner's 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

Date: _____

Applicant Name:

In addition to the Applicant, another person(s) with knowledge may attest to the above statements on the Applicant's behalf by signing and completing the section below.

Relationship to Applicant:

Landlord Employer Case Worker Government Agency Non-Profit Spouse

Signature

Name:

Organization Name, If Applicable:

Phone No.: _____

Email Address: _____