



**EMERGENCY RENTAL
RELIEF PROGRAM**
BERGENCOUNTYCARES.ORG

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



LANDLORD/TENANT RELATIONSHIP CERTIFICATION

Please read and complete the within Certification in its entirety prior to signing. If the Applicant is unable to provide any of the requested supporting documentation, assistance may be limited to a payment of assistance up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and for no more than three months at a time.

Applicant Name: _____

Application Number: APP-_____

Rental Property Address _____

Applicant Email Address: _____

Applicant Telephone No.: _____

Landlord's Name: _____

Landlord's Address: _____

Is the property managed by a Management Company: ____yes ____no. **If yes, please provide the name, address and telephone number for the Management Company with this Certification.**

I, _____,
being of legal age, duly sworn under oath, and in accordance with the law, depose and state that I do presently reside in and rent the above property from the above named Landlord.

Please provide the following information:

How long have you rented the property: _____

Monthly rent payment: _____

Did you ever have a written lease for this rental: ____yes ____no.

If you had a written lease at any time for this rental, do you have a copy of it: ____yes ____no. **If yes, please provide a copy of the lease with this Certification.**



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How do you pay your rent: check cash money order

If by check, please provide a copies of cashed rent checks or a bank statements showing three months' worth of rent payments with this Certification. If by money order, please provide copies of receipts showing three months of payments, if you have them, with this Certification.

Do you pay, separate from your rent any of the following utilities (gas, electric, water, internet or cable television): yes no. If so please provide a copy of a bill or invoice for any of the above utilities that shows the rental property address and your name or the name of one of the occupants on it.

If you do not have any of the above requested documents please provide a copy of any other document you may have showing your name and the rental property address.

Is any of your rent regularly paid, either directly to your Landlord, or to you or any other occupant of your rental unit, by a government agency such as Section 8 or welfare, or by any private agency? yes no. If so please provide the monthly amount paid by that Agency: \$ _____ - and the amount paid by the Applicant: \$ _____. Please provide any written documentation you may have showing said payment or that Agency's agreement to make the payment.

For the months in which rental assistance is being requested has any subsidy or rent, other than that described in the preceding paragraph, been received from any public or private agency by your Landlord, you or any other occupant or is it anticipated that such subsidy or rent will be received: yes no. If so, Please provide the name of the Agency and the amount received or expected to be received: _____

Do you intend on continuing to reside in the rental property for at least three months after your application approval: yes no. Approximately how long after your application approval do you intend on residing in the rental property: _____

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 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.

Signature

Date: _____

Applicant Name