

ERA ELIGIBILITY CHECKLIST & SELF ATTESTATION FORM

This template allows renters to check and self-attest to eligibility for Emergency Rental Assistance based on the following required criteria:

- **Rental Obligation** (e.g., proof of residence at an eligible rental unit in the absence of a lease/rental/sublease agreement)
- **Financial Hardship** (e.g., unemployment, reduction in income, significantly increased expenses, or other financial hardship)
- **Risk of Housing Instability or Homelessness** (e.g., eviction, past due rent, living in hotel/motel)
- **Income qualification** (e.g., total household income at or below 80% AMI)

INSTRUCTIONS

1. Carefully read and complete each section to the best of your ability.
2. Gather any supporting documents listed on each section and check the boxes that apply to you including if any of the listed forms of documentation are not immediately available.
3. Sign and date each section at the bottom.
4. Apply for ERA through your local program. Upload a completed and signed copy of this form along with any supportive documentation to your ERA Application *if your local program will accept it*.
5. **Save extra copies of this form in case you need it later.**

RESOURCES FOR TENANTS FACING EVICTION

Emergency Rental Assistance: <https://www.clsmf.org/emergency-rental-assistance/>

Register for help navigating an ERA application: <https://bit.ly/clsmfERAnav>

Eviction Process: www.clsmf.org/renters-rights-evictions/

Answer Builder for Evictions: www.floridaevictionhelp.org

Request Legal Assistance:

- Community Legal Services of Mid Florida: www.clsmf.org/contact-information
(Brevard, Citrus, Flagler, Hernando, Lake, Marion, Orange, Osceola, Putnam, Seminole, Sumter and Volusia)
- Statewide: <http://www.floridalegalaidonline.org/>

This ERA Eligibility Checklist and Self-Verification was created by CLSMF as a checklist to help tenants apply for rental assistance strictly following guidance published by the US Treasury. This form is meant for information only and does not create an attorney-client relationship with CLSMF. CLSMF cannot guarantee that local programs will accept this document as proof of eligibility for ERA even if the form should suffice to meet the minimum criteria set by Treasury.

RENTAL OBLIGATION

Applicant	Rental Property	Landlord
Name: _____ Phone: _____ Email: _____ Type of ID: _____	Address: _____ Address 2: _____ City, State: _____ Zip Code: _____	Name: _____ Phone: _____ Email: _____ Willing to participate: YES or NO or IDK

Terms	Rent Needed (As of _____)	Utilities Needed (As of _____)
Rent Payment: \$ _____ Due: MONTHLY or WEEKLY or OTHER Move In Date: _____ Lease Expiration Date (if any) _____ This is my sole and only residence: YES or NO Subsidized? YES or NO or IDK	Past Due Rent \$ _____ Estimated Months Behind: _____ Ongoing need for rent? YES or NO or IDK *Some programs can pay up to 3 months at a time in addition to arrears if there is an ongoing need	Are utilities included as part of the rent? YES or NO or IDK Utilities owed (not included in rent): \$ _____ <input type="checkbox"/> I have copies of most recent utility bills

PROOF OF TENANCY AND RENTAL OBLIGATION	PROOF OF RENT ARREARS
<input type="checkbox"/> Copy of lease <input type="checkbox"/> Letter from landlord <input type="checkbox"/> Receipts, bank records, or canceled checks that show pattern of rent payments <input type="checkbox"/> I cannot provide any of the forms of documentation listed above (self-attestation should suffice pursuant to FAQ #5 from Treasury Guidance)	<input type="checkbox"/> Notice of past due rent (most recent) <input type="checkbox"/> Court Case # _____ <input type="checkbox"/> Letter from Landlord <input type="checkbox"/> I cannot provide any of the forms of documentation listed above (self-attestation should suffice pursuant to FAQ #5 from Treasury Guidance)

RENTAL OBLIGATION ATTESTATION

I certify that the information presented in this attestation is true and accurate to the best of my knowledge.

Signature

Printed Name

Date

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FINANCIAL HARDSHIP

One or more members of my household:

- Qualified for Unemployment Benefits:

Briefly explain: _____

- Made less income as a result of COVID-19:

Briefly explain: _____

- Had a significant increase in expenses (costs) due to COVID-19

Briefly explain: _____

- **Examples:** expenses reasonably related to changing circumstances caused by a member of the household requiring treatment for COVID-19, reasonable actions taken to prevent infection, the costs of relocation due to changed financial or health circumstances, purchases to support remote work or school, childcare needs due to school closure, cost of alternative transportation, increased utility costs due to increased time at home, as well as penalties and fees for late rent or utilities

- Had a financial hardship not listed above:

Briefly explain: _____

PROOF OF FINANCIAL HARDSHIP

- Self-Attestation (self-attestation should suffice pursuant to FAQ #2 from [Treasury Guidance](#))

*Some programs are requesting additional documents even if self-attestation should suffice

FINANCIAL HARDSHIP ATTESTATION

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Signature

Printed Name

Date

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RISK OF HOUSING INSTABILITY OR HOMELESSNESS

One or more individuals within my household are at risk of experiencing homelessness or housing instability based on the following factors:

- Pending eviction
Court Case Number: _____
- Behind or about to be behind in rent and utilities
- Unsafe or unhealthy living conditions
- Other: _____

PROOF OF HOUSING INSTABILITY OR HOMELESSNESS (SELECT ONE)

- Documentation to identify the factors above is immediately available (attach and upload to ERA application)
- Self-Attestation (self-attestation should suffice if **no other documentation is immediately available** pursuant to FAQ #3 from [Treasury Guidance](#))

*Some programs are requesting additional documents even if self-attestation should suffice

HOUSING INSTABILITY OR HOMELESSNESS ATTESTATION

I certify that the information presented in this attestation is true and accurate to the best of my knowledge.

Signature

Printed Name

Date

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HOUSEHOLD INCOME QUALIFICATION

Household income is determined using one of the following methods:

- **2020 ANNUAL INCOME:** Sum of all your rental household members' income for calendar year 2020 using the Adjusted Gross Income (AGI) as noted on line 11 of your Internal Revenue Service (IRS) Form 1040; *or*
- **RECENT ANNUAL INCOME:** Sum of all your household members' income in the last month and multiplied by 12; *or*
- **INCOME CERTIFIED BY ENROLLMENT IN FEDERAL PROGRAM*:** SNAP (Food Stamps), TANF, Medicaid; Public or Subsidized Housing. *Not all Programs are taking advantage of this option.

Name of Adult Household Member	Relationship to You (Use Self for Your Name)	Employed (Yes or No)	2020 Annual Gross Income (line 11)	Recent Annual Income
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Household Income			\$	\$

PROOF OF HOUSEHOLD INCOME QUALIFICATION (ONE SHOULD SUFFICE)

- Notice of Action for SNAP (Food Stamps), TANF, or Medicaid
Visit <https://www.ourflorida.com/resources/tenants/> for instructions on how to document SNAP/TANF/Medicaid
- Documents related to Public Housing or Subsidized Housing eligibility
- 2020 Tax Returns (IRS 1040): Visit <https://www.ourflorida.com/resources/tenants/> for instructions on how to provide 2020 tax returns
- Paystubs for the last 30 days
- I cannot provide any of the forms of documentation listed above** (self-attestation should suffice pursuant to FAQ #4 from [Treasury Guidance](#))

HOUSEHOLD INCOME ATTESTATION

I certify that the information presented in this attestation is true and accurate to the best of my knowledge.

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