

Lake County COVID Housing Relief Program (CHRP)

Self-Certification for Continued Assistance

Date: _____

Last Name: _____ MI: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____ Email: _____

I, _____ hereby certify that my household continues to lack sufficient resources to pay rent and/or utilities because of the COVID-19 emergency. Ongoing assistance is needed for my household and no additional funding sources are available. There have been no changes to the income reported in my original application other than as noted below:

I therefore request assistance to pay for:

- Rent in the amount of \$ _____
- Utilities in the amount of \$ _____

For the following time period: _____

Under penalty of perjury,

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

I certify that I have not already been provided rental or utility assistance, through a CHRP provider or any other program, that covers the costs requested in this form.

The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Applicant / Head of Household _____ Date _____

Signature of Additional Adult Household Member _____ Date _____
(if applicable)