

## Expanded COVID-19 Rent Relief Application and Affidavit

Tenant First Name: \_\_\_\_\_ Tenant Last Name: \_\_\_\_\_

Tenant Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Tenant Date of Birth: \_\_\_\_\_

Rental Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names of all other household members:

#1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#3 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#4 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#5 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#6 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Predominant Household Race: White \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

**I declare, under penalties of perjury, as follows:**

1. I pay rent to \_\_\_\_\_ (Landlord) whose contact information is:  
Mailing Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
2. My household has lost significant income due to COVID-19 and is now unable to pay rent for my residence.
3. My household's estimated gross income for the current month is \$\_\_\_\_\_.
4. My household's monthly rent is \$\_\_\_\_\_.
5. My household does not have sufficient savings or liquid assets to pay the rent.
6. My residence is not subsidized through federal or state resources and my household is responsible for the full payment of the rent.
7. No other person in my household has applied for or will apply for this COVID-19 Rent Relief Program. I understand that I may again apply for assistance under this program provided that my household does not receive greater than \$1,000 for one month or assistance for more than 3 months over the life of the program.
8. I am seeking payment to my Landlord for past due or current rent owed in the amount of \$\_\_\_\_\_ (\$3,000 max) including:  
\$\_\_\_\_\_ (\$1,000 max) for the month of \_\_\_\_\_; \$\_\_\_\_\_ (\$1,000 max) for the month of \_\_\_\_\_; and  
\$\_\_\_\_\_ (\$1,000 max) for the month of \_\_\_\_\_.
9. I understand my Landlord must agree not to take any action to evict me for nonpayment of rent for any month in which the payment is applied.
10. I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Maine State Housing Authority and the State of Maine to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class D crime (17-A MRSA, ch.19), and will subject me to criminal penalties and civil remedies.

I am signing this Application and Affidavit by electronically entering my name below or providing a wet signature.

Date: \_\_\_\_\_ Name: \_\_\_\_\_