

EXHIBIT C

**SAULT TRIBE HOUSING AUTHORITY
EMERGENCY RENTAL ASSISTANCE PROGRAM**

SELF CERTIFICATION (ATTESTATION) – Financial Hardship due to the COVID-19 Pandemic

The Sault Tribe Housing Authority Rental Assistance Program requires that since March 13, 2020, at least one member of the household can demonstrate a financial hardship due to the COVID-19 pandemic.

A member of my household has experienced a hardship due to the COVID-19 pandemic; however, is unable to document the hardship. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020.)

I or a member of my household, as of ____/____/____, am experiencing financial difficulty due to the COVID-19 pandemic.

At least one household member has experienced a reduction in household income, incurred significant costs, or experienced financial hardship. (Please check applicable reason(s) and include written attestation to describe the financial hardship):

- Experienced a loss or reduction of income due to the COVID-19 pandemic.
- Was required to take extended time off work due to COVID-19 pandemic, either to:
 - Care for my minor child(ren) whose school is closed; or
 - Care for a family member who is sick with COVID-19.
- Was required to take extended time off work because I tested positive for COVID-19.
- Experienced excessive COVID-19 related healthcare or other expenses.
- Suffer underlying medical condition requiring staying home to prevent exposure.
- Incurred increased costs because of the COVID-19 pandemic.
- Incurred penalties, fees, and legal costs associated with rent or utility arrears.
- Made payments for rent or utilities by credit card to avoid homelessness or housing instability.
- Incurred moving costs to avoid homelessness or housing instability.
- Incurred increased internet access and computer equipment costs needed to attend work and/or school.
- Lack of personal transportation and unable to use public transportation during the pandemic.
- Incurred expenses to purchase personal protective equipment (PPE).
- Incurred expenses to purchase additional cleaning supplies for sanitizing.
- Incurred increased food and utility costs due to staying home to reduce exposure.
- Other: Please describe below.

Please briefly describe the financial hardship experienced due to COVID-19, including the name of the household member that is experiencing the hardship. (Written description from applicant is REQUIRED):

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes as an act of fraud. I understand that providing false, incomplete, or inaccurate information on application forms, in which assistance has been or will be provided, may result in termination of eligibility and repayment of any funds received through this program; and other remedies available under applicable law.

Printed Name of Applicant

Signature of Applicant

Date



Printed Name of Co-Applicant

Signature of Co-Applicant

Date