



Expanded COVID-19 Rent Relief Progam Application and Affidavit (MaineHousing Assisted Projects)

Т	enant First Name:	Tenant Last Name:	
Ρŀ	none number:	Email:	
R	ental Address:	Unit #:	
Ci	ity:	, ME Zip Code:	
C	o-Head of Household (if any):		
Fi	rst Name:	Last Name:	
Т	otal number of people in my hou	usehold (including me and any co-head of household):	
I	declare, under penalties of perjur	y, as follows:	
1.	I pay rent to	(Property Manager).	
2.	My household lost significant	income due to COVID-19.	
3.	My household's estimated gross income for the current month is \$		
4.	My household does not have sufficient income, savings, or other sources of funds to pay the rent.		
5.	. My household is responsible for the full payment of the rent, which is not subsidized thorough federal or state resources.		
6.	I may apply again for assistance	nold has applied for or will apply to this COVID-19 Rent Relief Program. the under this program provided that my household does not receive more in, or more than three months of assistance in any amount.	
7.		(\$3,000 max) to be paid to my Property Manager for by my household for up to three months, as follows:	
	\$	(\$1,000 max) for the month of	
		(\$1,000 max) for the month of	
	\$	(\$1,000 max) for the month of	
be ve fa pe	elief. I authorize the Maine State erify and investigate such informa- lse information on this Affidavit enalties and civil remedies.	above information is true and correct to the best of my knowledge and a Housing Authority, the State of Maine, and the federal government to ation with my full cooperation at any time. I understand that providing is a Class D crime (17-A MRSA, c.19), and will subject me to criminal Affidavit by electronically entering my name below or providing a wet	
D	ate:	Name:	