

COVID-19 Rent Relief Application and Affidavit

**** Please save this form and open in pdf application before filling out ****

Tenant First Name: _____ Tenant Last Name: _____
 Phone number: _____ Email: _____
 Rental Address: _____ Unit #: _____
 City: _____ State: _____ ZipCode: _____
 Mailing Address (if different): _____
 City: _____ State: _____ ZipCode: _____

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: _____

I declare, under penalties of perjury, as follows:

1. I pay rent to _____ (Landlord) whose contact information is:
 Mailing Street Address: _____
 City: _____ State: _____ ZipCode: _____
 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.
8. I understand MaineHousing will make a one-time payment up to Five Hundred and 00/100 Dollars (\$500) to be applied to my April, May, June or July rent so long as my Landlord agrees not to take any action to evict me for nonpayment of rent for the month the payment was applied. This is a one-time benefit for one month only. I understand that if I have already received the \$500 benefit for April, May or June, I am not eligible for a July payment.

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: _____

**** Email the completed application to rentrelief@mainehousing.org ****