[TDHE OR TRIBAL HOUSING PROGRAM NAME]

## HOMEOWNER ASSISTANCE FUND PROGRAM

## Applicant Attestation of Financial Hardship

*In order for financial assistance to be provided under the Homeowner Assistance Fund Program, this Attestation of Financial Hardship must be completed and signed/dated by the homeowner.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Applicant, do hereby attest that I am a homeowner of a dwelling that is currently used a primary residence and I have experienced a financial hardship after January 21, 2020 (including a hardship that began before January 21, 2020, but continued after that date) due, directly or indirectly, to the COVID-19 pandemic.

Specifically, [*describe the nature of the financial hardship in the space provided below, for example, a job loss, reduction in income, or increased costs due to healthcare or the need to care for a family member*]

I agree to notify the [TDHE or Tribal Housing Program Name] of any significant changes to my household income or financial status that would impact my eligibility for the HAF Program.

By my signature below, I certify and attest that the preceding facts are true and correct to the best of my knowledge and belief. I understand that providing misleading or false information may result in denial or require repayment of benefits received.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date