

# Wisconsin Emergency Rental Assistance (WERA) Program

## Income and Housing

### Attestation due to COVID-19

*Shaded area to be completed by WERA agency.*

Eligible clients (i) qualified for unemployment benefits or (ii) experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID-19 that threaten the household's ability to pay the costs of the rental property when due.

Application Date	WERA Agency	Person ID
Applicant First and Last Name		
Applicant Phone		Applicant Email
Income Type impacted by COVID-19		
Please check why income was impacted by COVID-19:		
<input type="checkbox"/> Business Closed <input type="checkbox"/> Seasonal Job <input type="checkbox"/> Hours Cut <input type="checkbox"/> Furlough <input type="checkbox"/> Laid Off <input type="checkbox"/> Schools Closed  <input type="checkbox"/> Other (Please explain):		
Please acknowledge by checking the box, that you have been unable to pay rent/utilities and are at risk of losing your housing or facing eviction due to COVID related events. <input type="checkbox"/>		
Please acknowledge by checking the box, that you have been not receiving other federally funded emergency rental assistance. <input type="checkbox"/>		

I hereby certify that the information given is complete and accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the information provided. I understand that inaccurate or incomplete information reported could cause my rental/utility assistance benefit(s) to change. By typing my name in the 'Applicant Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date Signed*