



**WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL**

*“Your Community Action Agency”*

**Emergency Rental Assistance Program**

**TENANT CERTIFICATION**

I CERTIFY THAT:

I am the tenant or future tenant of the residence stated below. I am at least one month in arrears of rent payment and in danger of eviction or I am an existing/new tenant and requesting funding for occupancy at this location:

Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Zip code \_\_\_\_\_

I acknowledge that the Landlord may apply for assistance on my behalf for payment of said arrearage or occupancy.

Monthly rent: \$ \_\_\_\_\_ Rental Arrears: \$ \_\_\_\_\_

\_\_\_\_\_  
LANDLORD NAME (PLEASE PRINT)

\_\_\_\_\_  
RENTER NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY ZIP CODE

\_\_\_\_\_  
CITY ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
LANDLORD SIGNATURE/DATE

\_\_\_\_\_  
RENTER SIGNATURE/DATE

