

**RREM/LMI PARTICIPANT RENTAL ASSISTANCE PROGRAM (RAP)
 APPLICANT PROGRAM AGREEMENT**

Please read, complete, and sign this document. Failure to complete this document will delay the processing of your application. If necessary, please attach a separate sheet of paper with any additional information.

Tenant Number: _____

Household Composition and Income

	NAME (first, last)	SEX (M/F)	RELATION	DATE OF BIRTH (MM/DD/YYYY)	CURRENT GROSS ANNUAL INCOME
1			RREM/LMI Applicant		\$
2					\$
3					\$
4					\$
5					\$
6					\$

Are any occupants of the rental unit under the age of six (6)? Yes No

Applicant Certification

I/we certify, understand and agree to the following:

- 1) All of the information provided above is true and accurate to the best of my knowledge and I understand that any willful misrepresentation may forfeit my ability to participate in the RAP program or require a repayment of assistance received.
- 2) I/We have insufficient income and assets to cover our current living expenses while our primary residence is being rehabilitated, rebuilt and/or elevated.
- 3) A recertification is required on a monthly basis in order to receive rental assistance. Failure to recertify either online, by mail, or by fax by the 20th of the preceding month may result in forfeiture of the next month's rental assistance payment.
- 4) I/We are not currently receiving rental assistance from any other federal, state, county, local, for profit, or not-for-profit entity and do not intend to receive such funding in the future.
- 5) I/We are required to inform RAP if additional assistance is received.
- 6) I/We are not the owners of the rental property, nor are we full/partial owners of any entity that may own the rental property in which we are seeking to receive rental assistance through RAP.
- 7) I am not married to or in a domestic partnership with the landlord of the property for which I am seeking assistance.
- 8) I/We will notify RAP as soon as a Certificate of Occupancy (CO) is received for the RREM/LMI eligible home or if I/we reoccupy the primary residence prior to receiving a CO.
- 9) I/We will be responsible to repay any RAP funds received through breach of the above certification or under fraudulent circumstances.

 Applicant Signature

 Co-Applicant Signature

 RREM/LMI #

 Date