

We, **NAME OF APPLICANT/PROPERTY OWNER:** \_\_\_\_\_ ("**Owner**"), and **NAME OF TENANT:** \_\_\_\_\_ ("**Tenant**"), hereby certify the following is a true and accurate accounting of the rents received for **UNIT NUMBER in an apartment building or complex with an address of** \_\_\_\_\_, **New Jersey.**

**UNIT NUMBER** \_\_\_\_\_ is leased by **Tenant.**

The amount of rent due per month is \$\_\_\_\_\_.

**Tenant** pays the monthly rent in cash.

The following amounts have been paid since December (or first month of tenancy):

Month	Amount Due	Amount Paid in Cash	Shortage
December 2019 (or first month of tenancy)			
January 2020			
February 2020			
March 2020			
April 2020			
May 2020			
June 2020			
July 2020			

**Tenant's** inability to pay full rent for the month(s) of \_\_\_\_\_ was a result of financial hardship caused by the COVID-19 pandemic.

**Tenant** understands that the application to the SLEG Program will relieve the past due amounts reflected above and that **Owner** cannot seek repayment of these amounts from **Tenant** if funds are received from the SLEG Program.

**Owner and Tenant have provided any and all additional documentation of the cash payments (if available) with this letter. Owner and Tenant further acknowledge that submission of the letter and supplemental documentation will be reviewed by SLEG program staff. Submission of such information does not guarantee that the application will be approved.**

**Owner and Tenant** certify that the information contained in this letter is true and accurate to the best of my ability. **Owner and Tenant** understand that if such information is willfully false, that they are subject to civil action by NJHMFA, which may at its option terminate their financial assistance.

Date:

Signature of Applicant/Property Owner

Signature of Tenant

Notary