



Tenant Rental Assistance Program Tenant Certification

1. I (we) authorize _____ (Owner) to apply on my (our) behalf for GHF rental subsidy to assist in the rental of the property located at _____ (street address, city, state, zip) in Greenville, County.
2. I (we) further authorize _____ (Owner) to provide such additional information as may be requested by GHF for purposes of considering this application.
3. The above listed property will be my (our) primary residence.
4. I (we) understand that the GHF subsidy will be used to reduce my monthly rental payment and may not be used for other expenses.
5. I (we) understand that the GHF will make this subsidy for one year and is contingent upon the availability of funds.
6. I (we) understand that the rental subsidy may not be assigned or assumed.
7. I (we) certify that I (we) currently do not receive Section 8 rental assistance. I (we) understand that if I (we) become eligible for Section 8 rental assistance, I (we) are no longer eligible to receive GHF assistance. I (we) agree to notify GHF immediately if I (we) become eligible for Section 8 rental assistance.
8. _____ (Owner) has thoroughly explained the details of the GHF rental assistance.
9. I (we) attest that the information that I (we) have submitted to _____ (Owner) for the purposes of this application is complete and accurate.

SIGNED _____

DATE _____

SIGNED _____

DATE _____