



## 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 \_\_\_\_\_