**OTSEGO COUNTY COVID-19 EMERGENCY RENT RELIEF AGREEMENT - TENANT**

*Your signature at the bottom is required and signifies that you fully understand the terms and conditions of the program as described below.*

I certify the following:

* I am a/the tenant of the rental property unit listed in my application for rental relief assistance;
* My employment and income have been adversely affected by the COVID-19 pandemic by means of layoff, reduced hours, or non-retention by my seasonal employer;
* This adverse effect (e.g., layoff) occurred on or after March 13, 2020;
* I give the Grant Program permission to verify all eligibility information and allow other agencies to share information contained in this application;
* I understand that this application does not guarantee assistance;
* I understand that rental relief assistance would provide for a maximum of three (3) successive payments of my rent obligation directly to my landlord;
* I understand that utility payments are not included in the assistance amount;
* I understand that acceptance of the emergency rent relief does not alter or otherwise affect my obligations to abide by the terms of my existing rental agreement with the property owner;
* I attest that I am not colluding with any other party to obtain this assistance fraudulently;
* I certify that all statements in this application are true, accurate, and complete to the best of my knowledge.

Signature Print Name Date