

Tenant (TE) Record #:	
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King County Eviction Prevention and Rent Assistance Program

Tenant Attestation of Income, Financial Impact from COVID-19, and Housing Instability

	Name Signa	ature Date, Time		
I,				
Certification of EPRAP Case Worker or Tenant				
You agree to provide additional verifying information and documentation to King County, including evidence of income, upon request. You also understand that King County can audit any EPRAP application and to seek repayment of funds if information provided or attested to in this process is incorrect, incomplete, or false.				
You declare that the information presented in this attestation is true and correct to the best of your knowledge. You further understand that knowingly providing false representation or information may constitute an act of fraud and may esult in denial of the application, repayment of any funds received through the King County Eviction Prevention and Rent Assistance Program, and/or other legal or equitable remedies.				
Declaration and Agreement Statement				
5	Size: 8 - Total Income \$78,849 or below	Size: 8 - Total Income \$76,399 or below		
	Size: 7 - Total Income \$74,049 or below	Size: 7 - Total Income \$71,499 or below		
	Size: 6 - Total Income \$69,299 or below	Size: 6 - Total Income \$67,149 or below		
	Size: 5 - Total Income \$64,499 or below	Size: 5 - Total Income \$62,499 or below		
	Size: 3 - Total Income \$53,749 or below	Size: 3 - Total Income \$52,099 or below		
	Size: 2 - Total Income \$47,799 or below	Size: 2 - Total Income \$46,299 or below		
	Size: 1 - Total Income \$41,799 or below	Size: 1 - Total Income \$40,499 or below		
	2020 TOTAL HOUSEHOLD <u>SIZE</u> & <u>INCOME</u>	2021 TOTAL HOUSEHOLD <u>SIZE</u> & <u>INCOME</u> :		
Please SELECT THE BOX that applies based on the household size and income provided above.				
5.	What is your current total <u>household</u> income? \$	(income amount)		
4.	What is your current total household size?	(total persons)		
	paying your rent? True False			
3.	. Do you currently have past-due rent, and could you lose your housing if you do not get assistance in			
2.	. Have you been financially impacted by COVID-19? True True False			
1.	Tenant (Applicant) Name:			