



Missouri Emergency Rental Arrears Program  
**Tenant Certifications Form**  
 Amount of ESG Assistance, COVID-19 Impact, At-Risk of Homelessness  
**FORM TO BE COMPLETED BY TENANT**

**Amount of ESG Assistance:** By signing this form, I certify that I am aware that it is unlawful to receive Emergency Solutions Grant (ESG) services or assistance for more than twenty-four (24) months in any (3) year period. I do hereby certify that:

Neither I, nor any member of my household, either individually or as part of another household have received more than 24 months of Emergency Solutions Grant services or assistance within any (3) year period.

I have received ESG services or assistance within any (3) year period.

Type of services or assistance received: \_\_\_\_\_

Length of time services or assistance was received: \_\_\_\_\_

Location of services or assistance received: \_\_\_\_\_

A member of my household has received ESG services or assistance within any (3) year period.

Name of person(s) that received services or assistance: \_\_\_\_\_

Type of services or assistance received: \_\_\_\_\_

Length of time services or assistance was received: \_\_\_\_\_

Location of services or assistance received: \_\_\_\_\_

Tenant COVID-19 financial impact:

Missouri ESG-CV ERAP funds must be used to prevent, prepare for, and respond to the coronavirus pandemic. The purpose of ESG-CV ERAP funding is to assist individuals and families at risk of homelessness with homelessness prevention activities to mitigate the impacts of COVID-19. This includes providing rental assistance to those who are at risk of losing their housing as described in the ESG Notice under "responding to coronavirus."

I (Tenant) certify that COVID-19 has had a financial impact on my ability to pay my rent obligations and but for the Missouri ERAP assistance I would be evicted.

A "Duplication of Benefits" occurs when federal financial assistance is provided to a person or entity through a program to address losses resulting from a federally-declared emergency or disaster, and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other sources (including insurance), and the total amount received exceeds the total need for those costs.

I (Tenant) certify that the rental arrears amount requested has not and will not be paid by another source for the same time period of assistance.

I (Tenant) certify that my household does not have sufficient resources or support networks, e.g., family, friends, faith-based, or other social networks, immediately available to prevent me from moving to an emergency shelter or another place described in paragraph (1) of the "homeless" definition in 24 CFR 576.2; and I currently live in housing that has characteristics associated with instability and an increased risk of homelessness due to COVID-19, as identified in the Missouri approved 2018-2022 Consolidated Plan.

Tenant Name (first, last): \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Date: \_\_\_\_\_