

**PENOBSCOT NATION  
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM  
TENANT ATTESTATION**

This information is being requested by the Penobscot Nation’s COVID-19 Emergency Rental Assistance Program. The information will help determine the eligibility of an applicant for emergency rental assistance. Applicants are required to prove that that the financial hardship experienced is due directly or indirectly by COVID-19. This attestation by the tenant must state how you were impacted directly or indirectly by COVID-19. Examples of this may be loss of your job or reduced hours due to COVID-19, loss of qualified child care due to COVID-19, or increased household costs due to COVID-19.

**APPLICANT INFORMATION**

Name of applicant: \_\_\_\_\_

Address of applicant:  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF HARDSHIP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TENANT-ATTESTATION**

I certify, attest, and affirm under penalty of perjury that the above information is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury and/or the Penobscot Nation’s COVID-19 Emergency Rental Assistance Program to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the United States Government or the Penobscot Nation’s COVID-19 Emergency Rental Assistance Program on this Application and Attestation may result in federal and state criminal and civil actions for fines, penalties, damages or imprisonment. I have read and understand the above attestation. I am signing this Attestation by electronically entering my name below or providing a wet signature.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE