

# Fairfax County Emergency Rental Assistance Program Application

## Cash Income Certification

I, \_\_\_\_\_, have applied for emergency rental assistance through the Fairfax County Emergency Rental Assistance (ERA) Program. For determining monthly income, the Fairfax County ERA program must obtain income source documentation for at least the two months prior to the submission of the application for assistance.

I have stated during this verification process that I do not have income source documentation (bank statements, paystubs, etc.) from my employer because I receive cash payment for my income in the amount of \$ \_\_\_\_\_ each month.

I also understand that because I do not have income source documentation, my household income will be reassessed in three months. I agree to cooperate with any additional assessment of my income in order to continue to receive assistance.

***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Fairfax County ERA Program and may be grounds for termination of assistance.***

***WARNING: It is unlawful to provide false information to the government when applying for federal public or benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

I certify that the above information is true and correct.

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

**NOTE: If more than one adult member of the household does not have income source documentation (bank statements, paystubs, etc.), the primary applicant must certify that those household members also receive cash payments from employer/s.**

\_\_\_\_\_  
Name of adult household member with cash income #2

\_\_\_\_\_  
Primary Applicant's Initials

\_\_\_\_\_  
Name of adult household member with cash income #3

\_\_\_\_\_  
Primary Applicant's Initials

\_\_\_\_\_  
Name of adult household member with cash income #4

\_\_\_\_\_  
Primary Applicant's Initials



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs services and activities. Where a TTY number is not indicated, use 711/Virginia Relay. Reasonable accommodations made upon request; call 703-324-4600.

