Virginia RMRP Household Eligibility Certification Form

Tenant’s Full Name: _______________________________________

Overall Minimum Requirements
In order to receive financial assistance through the Virginia Rent and Mortgage Relief Program, households must meet the following minimum requirements:

☐ The tenant or homeowner has a valid lease or mortgage statement in their name.
☐ The household has experienced a loss of income due to the Coronavirus pandemic (Head of household must complete the self-certification of loss of income below).
☐ The household’s total rent or mortgage payment is at or below 150% FMR.
☐ The household’s current gross income is equal to or less than 80 percent Area Median Income for household size and location (supporting documentation required).

Household Size (all adults/children): _________

80% of Area Median Income for Household Size: $___________________

Total Household Annual Gross Income: $____________________

To be completed by the head of household: Self-certification of loss of income.

Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income. (Statement may be provided verbally and documented by staff completing form.)

I certify that the information I have provided in applying for RMRP assistance is true, accurate, and complete. Additionally, I certify that I have not received any other form of subsidy or financial assistance for the same time period and cost type. (Consent may be given verbally)

(Optional) I further certify that the third party identified below has my consent to sign RMRP documents on my behalf:

Print name of authorized representative _______________________________ Authorized representative signature _______________________________

Print name of Tenant/Homeowner _______________________________ Tenant signature _______________________________

Determination of eligibility completed by: _______________________________ Date Completed: _______________________________

Print name of staff person _______________________________ Staff person signature _______________________________