

BOYNTON BEACH CDC EMERGENCY RENTAL ASSISTANCE PROGRAM DOCUMENTATION OF FINANCIAL HARDSHIP

First Name	Last Name	MI		
Street Address	Apt No.	City	State	Zip
household income.	tion in household income			ed a reduction in
household income.				ed a reduction in
Describe the reduce		experienced (be spe	cific):	

Under penalty of perjury, I attest that the information presented in this written attestation is true and
accurate to the best of my knowledge. I further understand that providing false representations
constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to
repay any funds received through the Emergency Rental Assistance Program and/or other penalties o
remedies available under applicable law.

Signature	Date
-	the state of the s

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.