

HOUSEHOLD MEMBER IDENTIFICATION FOR BACK RENT ASSISTANCE

Date:

To Whom It May Concern:

The following individuals reside with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (lease holder)

in the residence at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. They are:

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

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I understand that completing this certification is required to maintain compliance with the BCCAP Back Rent Assistance Program and to obtain assistance under the BCCAP Back Rent Assistance Program. I certify that the information presented in this form is true and complete. I consent to the disclosure of such information to the Mayor’s Office of Children and Family Success. I affirm that the foregoing information is true, correct, and made by affidavit under penalties of perjury. I understand that making false representations to the Department, or aiding another person in making false representations to the Department, may result in civil penalties and treble damages pursuant to Md. Code Ann., Gen. Prov § 8-102 and/or criminal penalties pursuant to Md. Code Ann., Crim. Law §§ 8-503 and/or 9-101.

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

 (Signature Landlord) (Date)

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

 (Signature Tenant) (Date)



IDENTIFICACIÓN DE MIEMBROS DEL HOGAR PARA PROGRAMA DE ASISTENCIA DE ALQUILER RETROACTIVO

Fecha:

A quien le interese:

Las siguientes personas residen con \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (arrendatario)

en la residencia ubicada en: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Son:

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

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Entiendo que se requiere completar esta certificación para mantener el cumplimiento con el Programa de Asistencia de Alquiler Retroactivo de BCCAP y para obtener asistencia bajo el Programa de Asistencia de Alquiler Retroactivo de BCCAP. Certifico que la información presentada en este formulario es verdadera y completa. Doy mi consentimiento para la divulgación de dicha información a la Oficina del Éxito Infantil y Familiar del Alcalde. Afirmo que la información anterior es verdadera, correcta y hecha por declaración jurada bajo pena de perjurio. Entiendo que hacer declaraciones falsas al Departamento, o ayudar a otra persona a hacer declaraciones falsas al Departamento, puede resultar en sanciones civiles y daños triplicados de conformidad con Md. Code Ann., Gen. Prov § 8-102 y / o sanciones penales de conformidad con Md. Code Ann., Crim. Ley §§ 8-503 y / o 9-101.

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

(Firma del propietario) (Fecha)

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

(Firma del inquilino) (Fecha)