

INDIANA EMERGENCY RENTAL ASSISTANCE RENT TO OWN CERTIFICATION

EACH individual in the household that executed the Rent to Own Agreement must complete a certification. One form per person.

Name of Individual: _____ Date: _____

Applicant: _____ Application Number: _____

1. I, _____ (name), am an adult eighteen (18) years or older.
2. I reside at _____ (Street Address),
_____ (City), Indiana, _____ (Zip Code).
3. I hereby certify that I entered into a rent to own contract for the property located at the address above
on _____ (Date).
4. I have resided at the property since _____ (Date).
5. I hereby certify that I am not a signor, co-signor, or guarantor for any mortgage on the property where
I reside. _____ (Initials)
6. I hereby certify that I do not hold a deed or title to the residential property where I reside.
_____ (Initials)
7. I hereby certify that I have not signed an option to purchase the property where I reside.
_____ (Initials)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through the Indiana Emergency Rental Assistance Program and potential criminal prosecution.

IHCDA reserves the right to follow-up while your request for assistance is being processed or after your application has been processed.

Signature of Individual

Printed Name of Individual

Date