



TENANT ATTESTATION FORM

Date:

Name

Landlord's Email

Tenant's Email

I attest that the property for which I am applying for assistance is my primary residence.

I attest that the lease is in my name and I'm responsible for paying a portion or the full amount for which I am seeking KEPP assistance.

My household has not received other local, state or federal rental assistance since March 12th, 2020 that has paid my rent in full.

I understand I am still responsible for additional unpaid rent and are still subject to eviction for any such amounts. Tenant also understands that the Tenant is responsible for any other responsibilities and obligations of the Tenant's lease.

I am legally authorized to be in the United States.

One or more members of my household has experienced a documented, involuntary loss of income or medical costs that occurred on or after January 20th, 2020 due to the COVID public health emergency that prevented me from paying my rent. Supporting documentation may be required.

The amount I have applied for is my responsibility alone. No other person in my household has applied for or will apply for the Kansas Eviction Prevention Program for the same responsibility.

I agree to work with KHRC on any reasonable request, verification or compliance follow up.

By signing this application, I acknowledge and authorize KHRC, the Kansas Department of Labor, the Kansas Department of Revenue, and the Kansas Department of Children & Families to share unemployment records, LIEAP, SNAP and TANF assistance records to verify the information provided in this application.

I understand this transaction could be reversed if I am later found to be ineligible.

I understand I may be subject to civil and criminal penalties if I knowingly provide false or misleading information related to this application.

I have not been disqualified for LIEAP, SNAP, TANF or other State/ Federal funding due to fraud.

I understand this is a legally binding document.

Ethnicity

Race

Signature
