

EXHIBIT D

**SAULT TRIBE HOUSING AUTHORITY
EMERGENCY RENTAL ASSISTANCE PROGRAM
SELF-CERTIFICATION (ATTESTATION) OF RISK OF HOMELESSNESS OR HOUSING INSTABILITY**

The Sault Tribe Housing Authority Rental Assistance Program requires that since March 13, 2020, at least one or more member(s) of the household can demonstrate a risk of experiencing homelessness or housing instability.

One or more member(s) of my household has experienced a risk of experiencing homelessness or housing instability; however, is unable to document the risk. (The risk does not need to exist as of the date of the application as long as it existed for any period of time after March 13, 2020.)

The risk of experiencing homelessness or housing instability includes (check all that apply):

- Poor Housing Quality: Lack of, or improper adequate heat, bathroom facilities, kitchen facilities. Deteriorated flooring, walls, windows, partitions or ceilings.
- Living in a place not meant for human habitation: shelter or transitional housing, motel, hotel, car, motor home, trailer or campsite, garage, shed, couch surfing.
- Fleeing Domestic Violence situation or have already fled.
- Living in an overcrowded residence (number of household members is greater than the number of total rooms), which can increase the risk of exposure to COVID-19.
- Paying in excess of 30% of income on housing related expenses (rent and utilities).
- The household struggles to purchase essential goods or services and pay rent or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school due to reduction or loss of income, directly or indirectly, from the COVID-19 pandemic.
- The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings or borrowing from retirement account, to pay for rent or utilities.
- One or more household members have experienced homelessness.
- Other – Please Explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes as an act of fraud. I understand that providing false, incomplete, or inaccurate information on application forms, in which assistance has been or will be provided, may result in termination of eligibility and repayment of any funds received through this program; and other remedies available under applicable law.

Printed Name of Applicant

Signature of Applicant

Date



Printed Name of Co-Applicant

Signature of Co-Applicant

Date