

Documentation Waiver - City of Fort Worth Emergency Rental Assistance Program (ERAP)

The documentation required for the ERAP application is not feasible for me to obtain or provide due to the following extenuating circumstances related to: (i) the pandemic, (ii) a disability, or (iii) a lack of technological access. I have checked the box of the applicable category of documentation which I am not able to provide and I have completed the related information and descriptions in the fields below in lieu of documentation:

Please list all sources of income that you are not able to document (if no income for household member, please list name and write "none"):

Household	Employer	Employer	Employer	Current Weekly			
Member Name	Name	Phone Number	Email	Gross Pay			
Description of why documentation is not available:							
Signed Lease:							
Landlord Name							
Landlord Email							
Landlord Phone #							
Monthly Rent							
Start Date of Lease							
Description of why documentation is not available:							

Please also upload proof of regular payments to landlord or property manager within the last two years and official mail sent to your address to verify residency.

Eligibility for Unemployment Please describe when unemployment began and why documentation is not available. Please provide he name and contact information for your previous employer.							
Reduction in House	ehold Income						
		including name of hous		nployer name and			
	and wny document	ation is not available. F	Please include date				
duction occurred. Household	Employer Name	Employer Phone Number	Please include date Employer Email				
Household	Employer	Employer	Employer	Current Weekly			
duction occurred. Household	Employer	Employer	Employer	Current Weekly			
Household	Employer	Employer	Employer	Current Weekly			
Household Member Name scription of what the	Employer Name	Employer	Employer Email	Current Weekly Gross Pay			
Household Member Name scription of what the	Employer Name	Employer Phone Number	Employer Email	Current Weekly Gross Pay			
Household Member Name	Employer Name	Employer Phone Number	Employer Email	Current Weekly Gross Pay			

attest that the statements above are co	orrect and complete.	
Applicant Signature	Applicant Name	Date