



**Any other information regarding the participant's recertification information and/or needs at this time:**

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**Next Recertification is due:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We certify that the information provided on this application is accurate and complete to the best of my knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of assistance under this program. I/We also understand that if I/we are receiving assistance as a Victim of Domestic Violence and move back in with the abuser, I/we will be terminated from the program.

I/We understand that I/we are to provide any and all information as requested by the Case Manager or Program Manager that the information provided will be subject to verification, that the housing unit I/we are renting is subject to a physical inspection and must meet HUD standards before assistance can be approved. I/We also understand that any approved assistance will be paid directly to the landlord, property manager or utility company and that I/we are responsible for making whatever payments this program determines are my/our responsibility on time and in full each month. I/We also understand the case manager must be notified of any changes in income or other circumstances (e.g. changes in household composition) that affect the eligibility of assistance under this program.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**STAFF USE ONLY:**

Client/Household is approved for continued assistance in the ESG Program? \_\_\_\_ Yes \_\_\_\_ No

If no, please provide reason: \_\_\_\_\_

Date Recertification Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Member Approving: \_\_\_\_\_

(please print)

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_