

# Chicago Emergency Rental Assistance Program (ERAP) Income Attestation Form

**Wage Earner's Name:** \_\_\_\_\_

By signing this document, I am attesting to the Chicago Department of Housing that  
**(complete one):**

The 2020 annual income for the wage earner listed above is \$\_\_\_\_\_.

The monthly income for the wage earner listed above at the time of application for  
the Emergency Rental Assistance Program is \$\_\_\_\_\_.

I cannot submit other documentation of income because **(check all that apply):**

- Disruptions related to the COVID-19 pandemic (e.g. place of employment has closed)
- I do not have access to documentation
- I have only cash income
- I have no qualifying income
- Other: \_\_\_\_\_

\_\_\_\_\_  
Wage Earner's Name

\_\_\_\_\_  
Date Signed (MM/DD/YYYY)