

**AFFIDAVIT OF RENTAL ASSISTANCE**

Pursuant to Cleveland Housing Court Administrative Order dated July 26, 2021, plaintiffs/landlords seeking to lift a CDC Stay and proceed with an eviction must attest to the following.

I, \_\_\_\_\_, do hereby affirm and attest that I am the owner \_\_\_\_\_ or agent \_\_\_\_\_ of the residential unit located at \_\_\_\_\_, Cleveland, Ohio \_\_\_\_\_.  
(Address) (Unit/apt#) (Zip Code)

I further affirm and attest to whether or not:

1. I have received any monies from Cleveland Housing Network ("CHN"), or any other rental assistance program, since the initial filing of the complaint. Yes \_\_\_\_\_ or No \_\_\_\_\_.

a. If "Yes," include the date of acceptance and amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. I have been contacted by CHN, or any other rental assistance program, to submit the landlord's required W-9 documentation. Yes \_\_\_\_\_ or No \_\_\_\_\_.

3. I have declined or refused to accept monies from any rental assistance program. Yes \_\_\_\_\_ or No \_\_\_\_\_.

a. If "Yes," include the agency and amount refused:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

4. I have received any partial payment from the tenant during the CDC Stay. Yes \_\_\_\_\_ or No \_\_\_\_\_.

a. If "Yes," include the date of acceptance and amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The information provided herein is true, correct and complete to the best of my knowledge. I understand that any false statement(s) contained herein could result in civil and/or criminal penalties.

\_\_\_\_\_  
Affiant's signature

\_\_\_\_\_  
Affiant's printed name

SWORN AND SUBSCRIBED before me on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary public.

My commission expires \_\_\_\_\_.