

BAKERRIPLEY COVID-19 RENTAL ASSISTANCE PROGRAM

Authorization to Submit Online Application

On [date] _____,

the undersigned (“APPLICANT”) [Tenant name] _____,

at the following (“ADDRESS”) [Tenant address] _____,

has stated to me that, due to lack of access to technology, inability to complete the form and/or inability to upload requested documents, or for some other reason, Applicant is unable to complete and submit the online application.

Considering the Online Application requires self-certifications, the Applicant has (1) agreed to provide me with the required information, and (2) authorized me to input the information online and complete and submit the application and certifications on Applicant’s behalf. The Applicant and I both understand that this information is being submitted for Applicant’s consideration for participation in the BAKERRIPLEY COVID-19 RENTAL ASSISTANCE PROGRAM. The Applicant and I both understand that this information will be maintained confidentially as part of the BAKERRIPLEY COVID-19 RENTAL ASSISTANCE PROGRAM.

On the online application, I will submit an electronic copy of the following –

- Tenant Photo ID OR
- Utility Bill with Tenant Name and Address
AND
- Photo ID of Person Authorized by the Tenant to submit Online Application

Name of Tenant

Name of Person Submitting Online Application

Signature & Date

Signature & Date