THE CITY OF BLACK DIAMOND

In Conjunction With
Black Diamond Community Center 31605 Third Ave
PO Box 480 Black Diamond, WA 98010 - Phone (360) 886-1011 *
Fax (360) 886-8947

2021 COVID ARPA Economic Hardship Verification Form

Rent or Lease of:

Multi-Family Home ❑ Apartment ❑ Mobile Home Park ❑
Duplex ❑ ADU ❑ Single Family Residence ❑

Applicant Name(s) on Rent/Lease:

1. Name(s) _____Unit # _____

   _____

2. Property Owner/Company Name _____

   Property Address _____

The undersigned certifies, subject to the penalties of perjury, that:

1. The Applicant(s) listed above has/have THE RENTAL AGREEMENT OR LEASE IN THEIR NAME(S) at the address and unit number indicated above.

2. The Applicant(s) has/have lived at the property above for_____month(s).

Property Management or Owner:
(Photocopied signatures will not be accepted.)

Print Name: _____

Office Phone Number: _____-

Email: _____

Signature: _____