



**Use of Funds – Hilton Head Island COVID-19 Grant
ATTESTATION
for Hilton Head Island Residents Seeking Assistance**

(Applicant)	
Full Legal Name	
Address	
(Landlord, Mortgage Holder or Utility Provider)	
Payee	
Payee Address	

The undersigned hereby attests (initial each):

	I have experienced hardships as a result of the COVID-19 pandemic and I am in need of emergency housing assistance.
	I am not receiving housing assistance from another nonprofit agency for the current rental/mortgage period. (There is no duplication of service.)
	These funds, made payable to my Landlord/Mortgage Holder, will be applied to rent/mortgage (or utilities). They will not be used for property tax payments or insurance.
	These funds are provided through HUD Community Development Block Grants to the Town of Hilton Head Island. I understand that misstating the intent or fraudulent use of the funds is prohibited.

Resident (Please Print)	Resident Signature	Date
Payee (Please Print)	Payee Signature (if available, if not available, a cancelled check will be provided)	Date

Please provide a copy of your lease, an account statement with the payee’s name and address and a copy of your most recent pay stub if you are employed.