

**TDHCA Medical Personnel and Other Essential Worker Certification form**

**(For Use Only by Households who qualify as medical personnel or other essential workers under COVID-19)**  
 (To be completed by adult household members only)

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_

Development Name \_\_\_\_\_

Under penalty of perjury, I certify that I am an individual who qualifies as a medical personnel or other essential worker to provide services during the COVID-19 pandemic.

1. Tenant Name \_\_\_\_\_  
 Prior Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_
2. Tenant Name \_\_\_\_\_  
 Prior Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_
3. Tenant Name \_\_\_\_\_  
 Prior Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_
4. Tenant Name \_\_\_\_\_  
 Prior Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

The undersigned further states that the information presented in this certification is true and accurate to the best of their knowledge and understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Tenant	Printed Name of Tenant	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

<b>Which occupation qualifies you as an essential worker during the COVID-19 pandemic?</b>		
Please place a checkmark by the occupation category that best describes you below:		
Pharmacy <input type="checkbox"/>	Mail/Delivery <input type="checkbox"/>	
Healthcare <input type="checkbox"/>	Military Personnel <input type="checkbox"/>	
Local or State Government <input type="checkbox"/>	Other <input type="checkbox"/>	
Restaurant or Food Delivery <input type="checkbox"/>	Please describe 'other' below:	
First Responder <input type="checkbox"/>		
Gas Station <input type="checkbox"/>		
Child Care, Home Health, other Caregiver <input type="checkbox"/>		
<b>Please provide the name and address of current employer:</b>		

**This section shall be completed and executed by management.**

**Date  
Temporary Occupancy Began:**

**Temporary Housing Period Shall Not  
Extend Beyond:**

**September 30, 2021**

I certify that the occupancy dates stated immediately above are true and accurate. This affidavit shall be retained by the owner as part of tenant documentation for at least 6 years after the due date (with extensions) for filing the federal income tax return for the applicable years.

**Signature of Owner/Agent**

**Printed Name of Owner/Representative**

**Date**