

Self-Certification of COVID-19 Impact

Instructions: To be completed by adult household member only, if appropriate.

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please check as appropriate:

- I do here by swear and affirm that my income has been negatively impacted by the COVID-19 pandemic as described below:

- I do hereby swear and affirm that I am unable to obtain 3rd party documentation of this COVID-19 impact for the reasons stated below:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

Signature

Date