

## **DECLARATION OF LOSS OF INCOME DURING COVID-19 EMERGENCY**

**Applicant Name:** \_\_\_\_\_

This is to certify the income status of the household for the applicant above and that they do not have any other documents to verify economic impact caused by COVID-19.

My/our household income was previously \$\_\_\_\_\_ per month. Due to the impacts from COVID-19, my household income is now \$\_\_\_\_\_ per month.

**Please check which item(s) below apply to your situation:**

- ☐ I/someone in my household was laid off but do not have pay stubs, notice from employer or proof of application to unemployment.
- ☐ I/someone in my household had their work hours reduced but do not have pay stubs, notice from employer or proof of application to unemployment.
- ☐ I/someone in my household had to leave a job or reduce hours to care for school aged children but do not have pay stubs, notice from employer or proof on application to unemployment.
- ☐ I/someone in my household cannot work due to quarantine, being in a high risk category for COVID-19, or caring for a sick person but do not have a paystub, notice from employer or proof of application to unemployment

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below, I certify that all the above information is true and accurate**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_