

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: _____