

COVID-19 Certification of Financial Hardship

My household has experienced the following changes due to COVID-19 Pandemic (please circle all that apply):

- (1) Job Loss
- (2) Reduced Hours/Wages
- (3) Additional Expenses
- (4) Other negative impact _____
- (5) None of the above

I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from consideration for participation in the assistance program and may be grounds for termination of assistance.

I hereby certify all information given on this declaration is true and correct, and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my recertification unfavorably. I hereby authorize inquiries to be made to verify the information given in this declaration.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Return To: _____

