



COVID Impact Self-Certification COVID Rent Relief Program

To be completed for households that do not have alternative documentation that specifies their financial hardship due to COVID.

Full Name: _____

Address: _____ Apt No. _____

City/State/Zip: _____

Date of Birth (MM/DD/YYYY): _____

Please list all other household members and date of birth:

Please explain in detail how your household's financial situation has changed due directly, or indirectly, to COVID-19 pandemic. This explanation must clearly detail the financial hardship experienced by the household. Generic statements such as "I lost my job" will not be accepted. If additional space is needed, please add another sheet.

I attest that the above information is true, correct, and complete to the best of my knowledge. I understand that submitting false, misleading, or incomplete information may result in denial of application and reclamation of any funds already provided.

Signature

Date