

CDBG-CV SHORT-TERM RENTAL AND UTILITY ASSISTANCE PROGRAM CERTIFIED STATEMENT OF COVID-19 IMPACT TO INCOME

Applicant Name: _____

Applicant Address: _____

In order to be eligible for assistance under the Short-Term Rent and Utility Assistance Program (STRUAP), the household must be able to demonstrate an impact to household income from the coronavirus pandemic (i.e., loss of employment, reduction in working hours, loss of income due to caring for children not able to be in school, etc).

I, the undersigned, hereby certify that my household has suffered a loss of income as a result of the COVID-19 pandemic. **Please check the appropriate impacts to household income as a result of COVID-19 (coronavirus).**

- | | |
|--|--|
| <input type="radio"/> Loss of employment | <input type="radio"/> Reduced working hours due to care given to sick family member related to COVID-19 (coronavirus) |
| <input type="radio"/> Loss of income due to reduction of working hours | <input type="radio"/> Reduced working hours due to providing childcare necessary due to children unable to attend school |
| <input type="radio"/> Reduced working hours due to illness related to COVID-19 (coronavirus) | |

Please provide additional information if needed:

Penalty for false or fraudulent statement U.S.C. Title 18, Section 1001, provides: "whoever, in any matter within the jurisdiction of any department or agency of the united states knowingly and willfully falsifies...or make any false, fictitious or fraudulent statement or entry, shall be fined up to \$10,000, or imprisoned up to 5 years or both."

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.

Applicant Signature

Date