



ATTESTATION OF HARDSHIP

APPLICANT NAME :

APPLICANT EMAIL ADDRESS :

APPLICANT ADDRESS :

I attest that the following is/are true:

- I have lost income **due** to COVID-19
- I have lost income **during** COVID-19
- I have lost income both **due to** and **during** COVID-19
- I am at risk of housing instability or homelessness

- I declare under penalty of perjury that the information provided in this Attestation is true and correct. I understand that providing false representations is an act of fraud and that fraud will be prosecuted to the fullest extent of the law and may disqualify me from assistance programs.**

APPLICANT SIGNATURE

APPLICANT NAME

DATE