*This form is to be used if the applicant, or anyone in the applicant’s household qualified for unemployment benefits, experienced a significant decrease of income or increase in household expenses, or financial hardship, due directly, or indirectly, to the COVID-19 outbreak.*

The applicant(s) certifies that one or more members of the household has either

* Qualified for unemployment benefits,

or

* experienced a reduction of income, or
* incurred a significant increase of household expenses, or
* experienced other financial hardships

due, directly or indirectly, to the COVID-19 outbreak.

Please provide a statement as to the nature of your household’s financial distress.

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**WARNING: *The information provided on this form is subject to verification at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government*.**

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| --- |
| **HEAD OF HOUSEHOLD** |
| **Signature** | **Printed Name** | **Date** |
| **OTHER HOUSEHOLD ADULTS** |
| **Signature** | **Printed Name** | **Date** |
| **Signature** | **Printed Name** | **Date** |
| **Signature** | **Printed Name** | **Date** |

Add additional signature sheets if necessary.