

## DECLARATION OF LOSS OF INCOME

Applicant Name: \_\_\_\_\_

This is to certify the income status of the household for the applicant above and that they do not have any other documents to verify economic impact caused by COVID-19.

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My/our household income used to be \$ \_\_\_\_\_ per month. Due to impacts from COVID-19, my household income is now \$ \_\_\_\_\_ per month.

Please check which item(s) below apply to your situation:

- I/someone in my household was laid off but do not have pay stubs, notice from employer or proof of application to unemployment
  - I/someone in my household had their work hours reduced but do not have pay stubs, notice from employer or proof of application to unemployment
  - I/someone in my household had to leave a job or reduce hours to care for school-aged children but do not have pay stubs, notice from employer or proof of application to unemployment
  - I/ someone in my household cannot work due to quarantine, being in a high-risk category for COVID-19, or caring for a sick person but do not have a pay stub, notice from employer or proof of application to unemployment
  - Other: \_\_\_\_\_
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By signing below, I certify that the above information is true and accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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