**Emergency Assistance Fund 2020**

**Loss of Income Certification Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that one of the following describes my situation:

* I have lost my job because of the COVID-19 Pandemic and am now unable to pay for rent/mortgage or utilities (circle one)
* My wage(s) have decreased as a result of the COVID-19 pandemic, and I am now unable to pay for rent/mortgage or utilities (circle one)

Number of People in the Household: Adults Children (Under 18 years old)

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| --- |
| Please use the box below to provide more information about how the COVID-19 pandemic has negatively impacted your employment and budget. |
|  |

(Client Name – Please Print)

(Client Signature) (Date)

(Agency Name)

(Agency Staff Name – Please Print)

(Agency Staff Signature) (Date)