



## Declaration of Financial Hardship

I, \_\_\_\_\_, do hereby declare on \_\_\_\_\_ that:  
(Applicant's name) (date)

Due to the COVID-19 Pandemic, I have suffered financial hardship, including (*check all that apply*):

Loss of employment

Loss of other household income

Excessive bills or expenses

Other \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that the information will be verified to the extent possible, and that I may be subject to program termination and or prosecution for providing false or fraudulent information, if I knowingly submit inaccurate/false information.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)