

Please download, complete and submit this to your Eligibility Specialist when you are contacted

Self-Certification of Hardship due to COVID-19

In order to qualify for assistance through this program, applicants must show economic impact resulting from the COVID-19 pandemic.

I cannot provide one of the items below, so I am self-certifying that I have had a **negative** economic impact result from the COVID-19 pandemic:

- Unemployment filing, application, or statement
- Letter from Workforce Solutions
- Discharge, layoff, or furlough letter
- Pay stubs showing a reduction in work hours
- Pay stubs showing a reduction in income
- Letter from healthcare provider stating that you or a family member has been impacted by COVID 19 and/or required to quarantine
- Notice of business closure (letter from employer of closure, closure announcement in newspaper, etc.)

By signing, I **self-certify** that I have been negatively impacted by the COVID -19 Crisis.

Applicant Name

Signature

Date

Reason for Self-Declaration (completed by Catholic Charities staff)