

Self-Declaration of COVID-19 Assistance Application

Applicant name (print): _____

This is to certify that the above named individual has applied to or has received all available COVID-19 relief resources that they are eligible for. These include, but are not limited to:

- FEMA
- HUD
- Insurance coverage
- Small Business Administration
- State Disaster Relief Funds

I certify, under penalty of perjury, that I currently receive, have applied to, or expect assistance from the following sources and that I am applying for supplemental assistance not covered by any other source of relief from a recent pandemic available to me:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Applicant signature: _____ Date: _____

Staff Verification

I understand that third-party verification and documentation is necessary for certifying that duplication of benefits will not occur as a result of funds being utilized for COVID-19 relief. I have collected and maintained copies of all necessary documentation to the best of my ability.

Third party documentation provided:

Staff signature: _____ Date: _____

Self-Declaration of Emergency Disaster Assistance Application

Applicant name (print): _____

Third-party verification and documentation is necessary for certifying that duplication of benefits will not occur as a result of funds being utilized for COVID-19 relief. However, I am unable to currently provide all the necessary documentation listed below. Should that documentation become available I will present it to this agency for its records.

Applicant signature: _____ Date: _____