



COVID-19 SELF DECLARATION FORM

I certify under penalty of perjury, pursuant to 28 U.S.C. 1746, that the forgoing is true and correct:

- My Spouse or I have been let go from my recent job due to layoffs related to COVID-19.
- My spouse or I am earning COVID-19 related unemployment.
- My Spouse or I am unable to pay rent due to lost hours, lost wages, lay off's
- Myself, My Spouse or my child has been diagnosed with COVID-19.
- A provider in our household was forced to Quarantine and therefore lost wages.
- I have significant medical expenses due to COVID-19.
- Temporarily Homeless Due to Covid-19.
- Other: _____.

Assistance Requested:

2 forms of Identification Circle One

- Driver's License/State
- Social Security Card
- Birth Certificate
- W-2 or State of Ohio Benefits

Proof of Residency – Circle One

- Utility Bill
- Mortgage Statement/Lease Agreement
- Recent Paystub
- Insurance Card

Address: _____ Apt _____ City _____ State _____ Zip _____

I understand that any false or misleading statements or omissions may results in criminal and civil actions or fines, penalties, damages, or imprisonment.

Signature of Declarant

Date ____/____/____

Date ____/____/____

Witness/Title