



SELF-VERIFICATION OF COVID-19 RELATED HARDSHIP FOR SUPPORTIVE HOUSING PARTICIPANTS

I, _____, certify that my household have been impacted by the COVID-19 public health emergency and one or more of the following barriers have been created and/or sustained as a result of this hardship:

- Medical/mental health needs
 - Loss or reduction of income; including state and/or government benefits (SNAP, SSI/DI, etc.)
 - Loss or reduction of employment; including the inability to obtain employment
 - Loss of child care or lack of available child care resources
 - Threat or risk of eviction or homelessness
 - Other COVID-19 related hardship: _____
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I certify that the above information is true and correct to the best of my knowledge. I also certify that I am not currently receiving other benefits, such as rental assistance, through other community sources.

Participant Signature: _____

Participant Print Name: _____

Date: _____

Case Manager obtained verbal consent due to inability to have face to face contact due to COVID 19

Case Manager Signature: _____

Case Manager Print Name: _____

Date: _____

HSN Staff Use Only

Date Received: _____

HSN Staff Signature: _____

Other Notes: _____