



**SELF – ATTESTATION**

RESIDENT swears and affirms that he / she has applied for financial assistance as follows, in response to the COVID-19:

- Application submitted to \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 2020
- Application submitted to \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / 2020

If applicable, Resident states that he/she is self-employed and is currently under a financial hardship caused by COVID-19 as follows:

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If Resident is self-employed, Resident shall complete the Employer verification on page 1 on his/her own behalf.

Resident swears and affirms that the answers are true and reflect my current finances and status regarding COVID-19. I understand that a false statement or answer to any question in this affidavit may subject me to the penalties of perjury and/or render any subsequent agreement for COVID-19 hardship I may sign null and void. I authorize the Landlord and Landlord’s Agent to obtain records of information pertaining to my financial or employment status from any source in order to verify information provided by me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020

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(Resident Signature)

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(Print Name)

Employer and Resident may self-authenticate his/her sworn statement herein and no notary shall be required, give the current COVID-19 exigent circumstances.

Please return this document to the email address that sent it to you within 7 days of receiving it.