

# COVID-19 SELF-CERTIFICATION FORM

**Instructions:** This form is to be completed by applicants or program participants when they are unable to provide required verifications or other documents and self-certification is the only way the agency is able to verify information related to COVID-19 eligibility.

**This section to be completed by the applicant/participant**

Date \_\_\_\_\_

Name of Head of Household \_\_\_\_\_

Address \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Telephone Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Self-Certification of:

☐ Family member/relative testing positive for COVID-19

☐ Considered high risk due to health conditions

☐ Loss of Employment/Wages

☐ Children transitioned to virtual school

☐ Other: \_\_\_\_\_

☐ Possible exposure to COVID-19

☐ Self-Quarantined

☐ Unable to acquire employment

☐ Loss of daycare provider

(Provide details in the area below)

**DETAILS:**

**Certification:** I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to how COVID-19 has affected my household.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Intake Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.