Washington County Community Action Council
COVID-19 Declaration of Hardship Form

Please check all that apply.

I have been effected by the following ways due to the COVID-19 pandemic:

____ Reduction in working hours because of COVID 19 as of this date ________________
____ Loss of Employment because of COVID 19 as of this date ________________
____ Lack of ability to pay for utilities (water, gas, electric, etc.) as of this date __________
____ Other ________________________________

If you answered YES any of the above please complete the following questions:

1. What steps did you take to help yourself?
   - [ ] Applied for new employment
   - [ ] Signed up for unemployment
   - [ ] Contacted landlord for payment plan
   - [ ] Contacted utility provider for payment plan
   - [ ] Made partial payments

2. Housing:
   - [ ] Homeless
   - [ ] Threat of eviction
   - [ ] Stable housing but struggling to afford the rent
   - [ ] Behind on mortgage payments

3. Employment:
   - [ ] No job; how long have you been unemployed __________
   - [ ] Part time employment
   - [ ] Full time employment
   - [ ] Someone in household lost job

4. Income:
   - [ ] No income
   - [ ] Source of income is state funded, unemployment, SSI, SSDI
- Can meet basic needs (food, housing, electric)
- Struggle to meet basic needs

5. Food:
- Household cannot meet food needs
- Household can meet food needs with assistance from pantries
- Household receives SNAP
- Household does not need assistance with food

6. Childcare:
- Parent had to quit job to care for child because daycare was closed
- Child is too young to do distance learning without supervision

7. Transportation:
- Do you have access to reliable transportation
- Do you depend on public transportation
- Do you use a cab for transportation

Clients must meet the following criteria and provide supporting documentation of the hardship to qualify for supplemental COVID-19 assistance per requirements of supplemental grantors:

- Outstanding utility bills, rent and/or mortgage that occurred before 4/1/2020 are not eligible for COVID-19 supplemental funding
- Must meet income guidelines
- Must be able to provide documentation to support change in circumstance and expenses (rent/utilities)

CERTIFICATION

I attest that this information is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil, or criminal liability.

Name

Signature

Date