

**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** \_\_\_\_\_