

HAFHR Covid-19 Certification

Grantee: _____

Homeowner(s) Name(s): _____

Property Address: _____

1. I/we are the owner(s) on title and currently occupy the above property as my/our primary residence.
2. I/we have experienced a COVID-19 qualified financial hardship, as indicated on my/our application for assistance. A qualified financial hardship is a material reduction in income or material increase in living expenses associated with the COVID-19 pandemic.
3. Has anyone in your household experienced any financial hardship, directly or indirectly with the COVID-19 pandemic that began, continued, or worsened at any time after January 21, 2020?
Please check all that apply.
 - Reduction in hours of employment or wages
 - Loss of employment (includes self-employment income reduction)
 - Unemployed for more than 90 days
 - Responsibilities to care for an elderly, disabled, or sick family member
 - Increased medical costs
 - Increased child care costs
 - Increase in expenses
 - Childcare/educational responsibilities
 - Death of a loved one
 - Divorce/separation
4. All information I/we have provided in connection with my/our application is correct and complete, and if requested, I/we shall provide additional documentation needed to certify my/our eligibility and process my/our application, including information needed to prove my/our household's reduction of income or increase in living expenses.
5. I/we acknowledge that access to all information collected, assembled, or maintained by the program administrator pertaining to this agreement/certification, except records made confidential by law or court order, may be provided to the U.S. Department of Treasury, Office of Inspector General, or other for audit and/or reporting purposes.

Homeowner(s) Signature(s) _____

Homeowner(s) Signature(s) _____

Date _____