



# CARES Housing Assistance Program (CHAP) COVID-19 Impact and Attestation Statement

I, \_\_\_\_\_, declare under the penalty of perjury that the following is true and correct, and the checked box(es) describe(s) my situation:

- I have lost my job because of the COVID-19 Pandemic and am now unable to pay for rent, mortgage and/or utilities.
- My wage(s) have decreased as a result of the COVID-19 Pandemic due to a reduction in work hours and am now unable to pay for rent, mortgage and/or utilities.
- I have been furloughed by my employer because of the COVID-19 Pandemic and am now unable to pay for rent, mortgage and/or utilities.
- I have experienced a reduction in my income/salary due to reduced business revenue.
- . Other \_\_\_\_\_
- I have liquid assets/savings of \$3000 or less.

***Signature of applicant certifies that all information is true and correct, applicant has no other resources and that***

Please use the box below to provide more information about how the COVID-19 Pandemic has negatively impacted your employment, budget and household.

***financial hardship is COVID-19 related. I understand that this information is to be used to determine***

***eligibility for program assistance. I understand that the falsification or omission of any information on my application, any program paperwork or any other documents may cause denial and/or termination of any program services offered by CHAP, prosecution for a category D felony pursuant to NRS 199.145, and I may have to repay benefits received.***

\_\_\_\_\_  
(Client Printed Name)

\_\_\_\_\_  
(Client Signature and Date)

\_\_\_\_\_  
(Organization Name)

\_\_\_\_\_  
(Staff Name)

\_\_\_\_\_  
(Staff Signature and Date)