

RHA 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.

The checked box(es) describe(s) my situation:

- I have liquid assets/savings less than \$3000.
- I have lost my job because of the COVID-19 Pandemic and am now unable to pay for rent.
- 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.
- I have been furloughed by my employer because of the COVID-19 Pandemic and am now unable to pay for rent.
- I have experienced a reduction in my income/salary due to reduced business revenue caused by the COVID-19 Pandemic and am now unable to pay for rent.
- Other _____

Please complete the following:

- My current annual household income is: \$ _____
- My income loss due to the COVID-19 Pandemic began (date): _____

Please use the box below to provide more information about how the COVID-19 Pandemic has negatively impacted your employment, budget and household (please attach additional pages if needed).

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

Printed Name of Client

Client Signature

Date