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| Self-Declaration Form  ***Definitions of terms used:***  *COVID-19 public health emergency*: Includes both health impacts from COVID-19 Pandemic as well as impacts of mandated quarantine restrictions, such as workplace and school closures.  *Customary work activities:* Refers to typical work activities that were performed before beginning of COVID-19 public health emergency.  *Household member*: May include family members and any non-relatives that reside in residence during the period that assistance is being requested.  Please check all that apply, and provide the date of impact and brief description on next page  My place of employment closed, reduced hours, or ended my employment as a direct result of the COVID-19 public health emergency.  I am an independent contractor or self-employed individual whose customary work activities were severely limited due to COVID-19 public health emergency.  I had to quit my job as a direct result of COVID-19 public health emergency.  I rely on income from additional members of my household whose earnings have been impacted COVID-19 public health emergency to pay for housing and utilities.  My housing status or housing and utility expenses has changed as a result of COVID-19 public health emergency  I am searching for employment but am unable to find and secure employment as a direct result of COVID-19 public health emergency.  I am the main caregiver to a household member who needs ongoing care which has impacted my customary work activities. (Example, taking care of children who could not attend school in person)  I was advised by a healthcare provider to self-quarantine due to concerns related to COVID-19 public health emergency.  Myself or a member of my household was diagnosed with COVID-19.  I became a major support for a household because a member died of COVID-19.  Other situation, described below  *Continued on other side…*     |  | | --- | | *Please briefly describe how the COVID-19 public health emergency* *impacted your ability to pay utility and/or housing expenses based on the boxes you checked above:*  Date the situation started: \_\_\_\_\_\_\_\_\_  Still ongoing?  Yes  No,  If No, when did you restart customary work activities at pre-COVID 19 level? Date\_\_\_\_\_\_\_\_  Optional: Are you in need of tenant resources or worried about the long-term stability of your housing outside of your ability to pay rent/mortgage? For example, are you facing a rental increase, in a predatory loan situation, or struggling with your landlord? Answers will help inform the city of challenges people are facing in their housing. We will connect to support resources where possible. | |