



MID CENTRAL COMMUNITY ACTION

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## COMMUNITY SERVICES BLOCK GRANT COVID 19 EMERGENCY AFFIDAVIT

I, \_\_\_\_\_, attest to the fact that my family's total household income has been affected by COVID 19 due to the following: Mark all that apply.

\_\_\_\_\_ I have been laid off of my employment with \_\_\_\_\_ on \_\_\_\_\_  
Employer Name Date

\_\_\_\_\_ A family member has been laid off from \_\_\_\_\_ on \_\_\_\_\_  
Employer Name Date

\_\_\_\_\_ My income has been drastically decreased due to my hours being cut. \_\_\_\_\_  
Employer

\_\_\_\_\_ Household income has decreased due to a family member's hours. \_\_\_\_\_  
Employer

\_\_\_\_\_ My income has decreased due to caring for my children at home.

\_\_\_\_\_ Household income has decreased due to caring for an ill or quarantined family member.

\_\_\_\_\_ I am unable to work myself due to illness.

\_\_\_\_\_ I am unable to work since I am member of vulnerable demographic affected by COVID 19.

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Witness Date