



# Cowlitz Indian Tribal Housing

## Financial Hardship Attestation

*This form is to be used if the applicant, or anyone in the applicant's household qualified for unemployment benefits, experienced a significant decrease of income, or increase in household expenses, or financial hardship, due directly, or indirectly, to the COVID-19 outbreak and is **unable to provide the documentation.***

The applicant(s) certifies that one or more members of the household has either

- Qualified for unemployment benefits, or
- experienced a reduction of income, or
- incurred a significant increase of household expenses, or
- underlying medical condition requiring staying home to prevent exposure, or
- experienced other financial hardships

due, directly, or indirectly, to the COVID-19 outbreak.

Please provide a statement as to the nature of your household's financial distress.

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of and the required repayment of any and all benefits received through the Cowlitz Emergency Rental Assistance Program.

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Printed Name

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Signature

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Date

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Printed Name

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Signature

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