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.