

**ATTACHMENT A – COVID NEEDS ASSESSMENT**

Section A: Select the type of COVID Relief Assistance you are applying for.	
COVID Rental Assistance	COVID Mortgage Assistance

Section B: Initial next to each statement that is true for your household. Additional back up documents must be provided for each of the following statements that you initial.		
Initial	Type	Required Documents
	A member of my household who is 18 and older, has lost employment due to COVID-19.	Unemployment letter <b>OR</b> Complete Section C below
	A member of my household who is 18 and older, has experienced reduced income or work hours due to COVID-19.	Letter from employer <b>OR</b> Complete Section C below
	A member of my household tested positive for COVID-19.	COVID-Positive test results
	A member of my household who is 18 and older, was not eligible for unemployment benefits.	Unemployment Benefits Letter
	I am a parent or guardian who has to stay home to care for a child due to a school closure.	Written statement including children’s names and school closure information
	A member of my household who is 18 and older was subject to a quarantine required by a medical professional or state or local health officer.	Quarantine letter
	SMALL BUSINESS OWNERS ONLY: I am a small business owner that closed my business due to ordinances OR business closed due to a significant reduction in customers.	Proof of Closure and copy of Form 1099
	My household did not qualify or receive a stimulus payment.	IRS Letter or Printout
	A member of my household has a pre-existing condition that puts them at a high risk for COVID-19.	Doctor’s Letter
	My household has experienced increased expenses due to COVID-19.	Written Statement
	One or more members of my household is pregnant.	None
	One or more members of my household is age 60 or older.	None
	One or more members of my household is age 5 or younger.	None
	One or more members of my household has a disability.	None
	List other COVID-related hardship, if any:	Additional Documentation or Written Statement

Section C: Employment Information Only if you do not have a letter from your employer			
Employer Name		Employer Phone #	
Employer Email		Layoff Date or Reduced Income/Hours Date	

**DECLARATION**

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature