

### Sarasota County Emergency Rental Assistance Affidavit of COVID-19 Impact

Please complete this form if you have not started receiving unemployment anytime from March 13, 2020 - today or if you cannot show a loss of income due to the COVID-19 pandemic.

Applicant's Name: \_\_\_\_\_

Neighborly Application Number: \_\_\_\_\_

In the box below, please describe your significant incurred costs or financial hardship because of the COVID-19 pandemic:

By signing below, I swear or affirm that the answers are true and reflect my current finances and status regarding COVID-19. I understand that a material misstatement fraudulently or negligently made in this affidavit or any other statement made by me (us) in connection with an application for assistance may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance. I authorize Sarasota County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**Note:** Please download this form to a computer and open in 'Adobe PDF' to sign electronically. You may also choose to print this form, sign in blue ink, scan, and upload to your application. If you are using a public computer, please be sure to delete your completed form off of the computer once submitted into your online application.