

# Lake County COVID Housing Relief Program (CHRP)

## COVID-Related Need Self-Certification

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ First Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employment End Date (if currently employed, put N/A): \_\_\_\_\_

Approximate monthly income **prior to** loss of income: \_\_\_\_\_

Approximate monthly income **after** loss of income: \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that:

- My household has experienced a significant loss of income during the COVID-19 pandemic, beginning March 2020; and
- The loss of income is because of the COVID-19 pandemic; and
- The loss of income has affected my household's ability to pay rent and/or utilities

I understand I must provide evidence of my household's significant loss of income.

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.

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Signature of Applicant / Head of Household

Date

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Signature of Additional Adult Household Member  
(if applicable)

Date