

COVID-19 RELEASE AND VERIFICATION OF NEED

(Please complete all sections of this form)

RELEASE OF INFORMATION

Resident _____ hereby authorizes my Employer to release all requested information regarding the impact of my employment as a result of COVID-19.

EMPLOYER: _____

EMAIL: _____

PHONE / OTHER CONTACT INFO: _____

(Resident / Employee Signature)

EMPLOYER'S VERIFICATION OF NEED

EMPLOYER _____ hereby verifies that my

EMPLOYEE _____ is currently under a financial hardship caused by COVID-19 as follows:

() Employer shutdown or reduction in work hours due to COVID-19 (please give details and supporting documents):

() Reduction in wages earned / paid due to COVID-19 (please give details and supporting documents):

() Other (please give details and supporting documents):

If known, Employee's anticipated DATE OF RETURN to normal employment status is:

___ / ___ / 2020

I swear and affirm, under penalty of perjury, that the answers above given are true and correct. I understand that a false statement or answer to any question in this affidavit may subject me to penalties.

Dated this _____ day of _____, 2020

(Employer Signature)

(Print Name)