



**CSBG CARES**  
**Rapid Response Assistance**  
**Attestation due to COVID-19**

*Shaded area to be completed by ICAA*

Application Date:	Case Manager:	Person ID
Applicant First and Last Name		
Income Type impacted by COVID-19		
Please check why income was impacted by COVID-19: <input type="checkbox"/> Business Closed <input type="checkbox"/> Seasonal Job <input type="checkbox"/> Hours Cut <input type="checkbox"/> Furlough <input type="checkbox"/> Laid Off <input type="checkbox"/> Schools Closed  <input type="checkbox"/> Other (Please explain):		
Please acknowledge by checking the box, that you have been unable to pay mortgage, utilities, phone bills, car repairs, etc. and are at risk of losing your home, vehicle, or facing eviction due to COVID related events.  <input type="checkbox"/>		

I hereby certify that the information given is complete and accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the information provided. I understand that inaccurate or incomplete information reported could cause my rental assistance benefit(s) to change. By typing my name in the 'Applicant Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

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

\_\_\_\_\_  
*Date Signed*