



## CARES Housing Assistance Program (CHAP) Attestation Statement

I, \_\_\_\_\_, declare under the penalty of perjury that the following is true and correct, and the checked box(es) describe(s) my situation:

During the period of March 2020 through present, I or an immediate member of my household have experienced one or more of the below financial hardships due to the pandemic caused by COVID-19 and need assistance to pay rent and/or utilities that are owed:

Select applicable box:

- Lost wages due to a temporary or permanent furlough or lay-off.
- Wages were reduced due to fewer hours or lack of business.
- My/our business lost revenue.
- lost my job and could not find another job/position.
- Qualified for unemployment benefits any time from March, 2020 through present (If you were on unemployment during this time period, this automatically counts as financial hardship under federal law).
- Other: \_\_\_\_\_

You or a household member do NOT have to have contracted COVID-19 to be eligible.

If needed, please provide more detailed information about how the pandemic caused by COVID-19 has negatively impacted your employment, budget and household: \_\_\_\_\_

I attest that the only liquid asset/savings I have are \$\_\_\_\_\_.

Signature of applicant certifies that all information is true and correct, applicant has no other resources, and that financial hardship is due to the Pandemic caused by COVID-19. I understand that this information is to be used to determine eligibility for program assistance. I understand that the falsification or omission of any information on my application, any program paperwork or any other documents may cause denial and/or termination of any program services offered by CHAP, prosecution for a category D felony pursuant to NRS 199.145, and I may have to repay benefits received.

\_\_\_\_\_  
(Client Printed Name)

\_\_\_\_\_  
(Client Signature and Date)