

Self-Certification of Eligibility for Coronavirus Relief Fund

Applicant Name: _____
(Parent, Guardian, Head of Household)

Current Address: _____ **ZIP:** _____ **Phone #** _____

Household Members Information & Certification for the Period of October 1, 2021 - September 30, 2022

First line is for Head of Household

Last Name:	First Name:	Age:	Gender:	Race: <small>See list below</small>	Ethnicity: <small>H-Hispanic NH-Non-Hispanic</small>	HoH, Household member, Disabled
Total Gross Monthly Income				\$		

PERSONAL INFORMATION for **head of household**. Information is for Federal Reporting purposes.

- a. SEX
 MALE FEMALE
- b. RACE
 WHITE BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE ASIAN
 AMERICAN INDIAN/ALASKAN NATIVE & WHITE ASIAN & WHITE
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER OTHER/ MULTI-RACE
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
- c. ETHNICITY
 HISPANIC NON-HISPANIC
- d. DISABLED
 YES NO
- e. IS HEAD OF HOUSEHOLD FEMALE
 YES NO

* TOTAL NUMBER OF FAMILY MEMBERS _____ (Include Yourself, Spouse, Children, etc.)
 IN THE HOUSEHOLD

Certification:

I certify that I have been directly impacted by a loss of income due to the COVID-19 public health emergency and would be eligible for emergency financial assistance in the form of child care vouchers.

 Signature of Applicant

 Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

FOR USE BY GRANTEE AGENCY:

HOUSEHOLD SIZE: _____	ANNUAL INCOME: _____	EXTREMELY LOW 29% OR < _____
USE 80% MEDIAN # IN FAMILY	ELIGIBLE: _____	VERY LOW 30-49% _____
INCOME LIMIT: _____		LOW INCOME 50-80% _____
		NON LOW-MOD 81%> _____
PERSON MAKING DETERMINATION:		DATE: