

## 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 March 1, 2020 - December 31, 2020

**First line is for Head of Household**

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

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

- a. SEX      b. RACE
- ☐ MALE      ☐ WHITE      ☐ BLACK/AFRICAN AMERICAN      ☐ BLACK/AFRICAN AMERICAN & WHITE  
☐ FEMALE      ☐ 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      d. DISABLED      e. IS HEAD OF HOUSEHOLD FEMALE
- ☐ HISPANIC      ☐ YES      ☐ YES  
☐ NON-HISPANIC      ☐ NO      ☐ 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: _____	<b>EXTREMELY LOW</b> <b>29% OR &lt;</b> _____
		<b>VERY LOW</b> <b>30-49%</b> _____
<b>USE 80% MEDIAN</b> # IN FAMILY	ELIGIBLE: _____	<b>LOW INCOME</b> <b>50-80%</b> _____
INCOME LIMIT: _____		<b>NON LOW-MOD</b> <b>81%&gt;</b> _____
PERSON MAKING DETERMINATION: _____		<b>DATE:</b> _____