



Prince William County ARPA Community Grant Program
COVID-19 IMPACT SELF-DECLARATION FORM

This letter serves as documented proof of financial hardship that I and/or member/s of my household have been adversely affected by the COVID-19 pandemic.

Applicant/Program Participant Name: _____

Address (street, city, zip code): _____

Complete the information below only if you have no other way to document how your household was impacted by COVID-19 or its shutdowns. Failure to complete this form may result in denial of your application.

Please check all that apply for each member of the household:

- Loss of Income
- Reduced Income
- Increased Childcare Expenses
- Increased Medical Expenses
- Increased Rent or Mortgage Payments
- I cannot get documentation* proving how COVID-19 has impacted my household. Explain why:

*The types of documentation that are acceptable include, but are not limited to, a letter or notice from employer, establishing proof of reduction in work hours or proof of employer/ business shut down due to COVID19, medical bills related to a COVID-19 diagnosis or treatment, childcare bills, rent/mortgage bills, etc.

Applicants/Recipients/Program Participants must read the following and sign below

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination and repayment of my assistance, and I may be subject to a civil penalty, plus damages under False Claims Act (31 U.S.C 3729).

Signature of Applicant: _____

Date: _____

Representatives of the ARPA Grant Partner Organization helping the program participant complete this form must read the following and sign below

I certify that I asked the applicant/recipient about all sources of income received by the household and, before using this form, used best efforts to obtain other possible sources of documentation. The information reported on this form

was provided solely by the applicant/recipient and reflects the income the applicant reported to me. I did not modify the information in any way. I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in me being subject to a civil penalty, plus damages under False Claims Act (31 U.S.C 3729).

Name: _____

Signature: _____

Date: _____