

# Palm Beach County Community Services Department Self-Attestation Form



**This form is only for applicants with reduction/loss of income due to COVID-19. This form will be used as a last resort, in the event where verifiable documentation cannot be produced.**

## Who Can Use this Document:

1. Applicants affected by the COVID-19 pandemic, who are unable to provide verifiable evidence of their COVID-19 related job or income losses 2. Applicants who are self-employed or participate in the non-traditional economy, and who may not have traditional methods of documentation of their income showing their COVID-19 related loss of income. Traditional methods of documentation include paycheck stubs, bank account comparisons illustrating a decrease in income and letters from an employer regarding decrease in hours or a layoff. If an applicant does not have traditional methods of documentation, they may submit this form in the place of providing the above mentioned objectively verifiable documentation.

## Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

  

Application Number \_\_\_\_\_

## Original Income Source

Please explain where you worked prior to COVID-19 Crisis.

Employer: \_\_\_\_\_

Self-Employed: \_\_\_\_\_

Other: \_\_\_\_\_

## Job/Income Loss

Please check all that apply:

- Job Loss
- Loss of Job Hours
- Loss of Income (Partial)
- Loss of Income (Complete)

## Declaration of Income Loss Due to COVID-19

Please explain the situation that prompted the loss of income due to COVID-19.

I attest that the answers on this form are true and reflect my current finances and status regarding COVID-19. I understand that a material misstatement fraudulently or negligently made in this form or any other statement made by me (us) in connection with an application for CARES ACT Treasury Funding may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance, and/or penalties including disqualification from future Palm Beach County assistance benefits, or, if funds have been released prior to discovery of the false statement, immediate recalling of the assistance, which may be in addition to any criminal penalty imposed by law. I authorize the County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

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

\_\_\_\_\_  
Date