



Homeowner Assistance Fund COVID-19 Hardship Attestation Form

Applicant Information:

Applicant Name:

Co-Applicant Name:

Property Address:

Phone:

Email:

COVID-19 Hardship (Check all that apply):

- Job loss / layoff
- Reduced hours or wages
- Business income loss
- Loss of rental income
- Inability to work due to illness
- Inability to work due to quarantine
- Caregiving responsibilities
- Increased medical expenses
- Increased childcare costs
- Increased utility/home energy expenses
- Increased cost of goods/transportation
- Temporary relocation costs
- COVID-related home repair costs

Impact on Ability to Pay Housing Costs:

- Mortgage payments
- Utilities
- Property taxes
- Homeowner insurance
- HOA/Condo fees
- Essential home repairs

Describe Your COVID-Related Hardship:

Supporting Documents (Attach):

- Proof of job loss or reduced hours (employer letter, unemployment docs)
- Medical bills or statements showing increased costs
- Utility bills showing increases or arrears
- Unemployment documentation
- Mortgage delinquency statements
- Caregiving cost documentation
- Repair invoices or estimates

Attestation Statement:

I certify that the information provided on this form is true, complete, and accurate to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in denial of program assistance. I further acknowledge that this attestation is required for determining eligibility under federally funded Homeowner Assistance Fund (HAF) rules and related AHFC program requirements, and I authorize the verification of the information provided.

Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**