

## Attestation to COVID-19 Assistance Eligibility

Please check all that apply:

I experienced temporary loss of income or loss of employment because of my COVID-19 quarantine or isolation.

To the best of my knowledge, it is my understanding that I did not receive rent/mortgage assistance\* from the county that was specific to my isolation or quarantine period.

To the best of my knowledge, it is my understanding that I did not receive utilities assistance\* from the county that was specific to my isolation or quarantine period.

To the best of my knowledge, it is my understanding that I did not receive food/grocery assistance\* that was specific to my isolation or quarantine period.

\*Note: Services from the community action agency, Oregon Worker Relief Fund - Quarantine Fund, and other wage relief funds do not count toward these services.

\_\_\_\_\_ (Client's name)

\_\_\_\_\_ (Client signature or e-signature)

When client's signature is not feasible, can verbally confirm by:

\_\_\_\_\_ (staff's name), \_\_\_\_\_ (organization's name)

Date: \_\_\_\_\_

Please keep the completed copy on file.