***Shaded area to be completed by WRAP agency***

|  |  |  |
| --- | --- | --- |
| Application Date | WRAP Agency | Person ID |
| Applicant First and Last Name | | |
| Income Type impacted by COVID-19 | | |
| Please check why income was impacted by COVID-19:  Business Closed  Seasonal Job  Hours Cut  Furlough  Laid Off  Schools Closed  Other (Please explain): | | |
| Please acknowledge by checking the box, that you have been unable to pay rent and are at risk of loosing your housing or facing eviction due to COVID related events. | | |

I hereby certify that the information given is complete and accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the information provided. I understand that inaccurate or incomplete information reported could cause my rental assistance benefit(s) to change. By typing my name in the ‘Applicant Signature’ field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

*Applicant Signature Date Signed*