

**COVID-19 PROOF OF HARDSHIP**

Date

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Name

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Street Address

Apartment/Unit

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City

State

Zip

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This letter serves as proof of hardship that \_\_\_\_\_  
(Applicant Name) has been adversely affected by COVID-19 in the following manner (check all that apply and provide documentation to support):

**Employment**

\_\_\_\_\_ -My employer has ceased operations and I am unable to work

\_\_\_\_\_ -I am unable to work due to school closures

\_\_\_\_\_ -I am unable to work due to flu-like symptoms and my employer’s sick policy

\_\_\_\_\_ -Reduced hours

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

Employer’s Name: \_\_\_\_\_

**Medical**

\_\_\_\_\_ -I have tested positive for COVID-19 or have been quarantined

\_\_\_\_\_ -I am caring for a family member that has tested positive for COVID-19

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

Doctor’s Name, if applicable: \_\_\_\_\_

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

NOTE: Please include proof of unemployment or medical hardship. (ie – note from employer, school, medical note, etc.)