



STANDARD ASSISTANCE AFFIDAVIT TO BE COMPLETED BY TENANT SEEKING COVID CRISIS ASSISTANCE

To be eligible for Maricopa County COVID Crisis Assistance, a household must demonstrate financial hardship directly related to the COVID-19 Pandemic and have a monthly income that is at or below 300% of the Federal Poverty Level. A household that is experiencing financial hardship due to COVID-19 may apply for rental and/or utility assistance for eligible months of past due or owed bills.

Type of assistance requested: Rental Utility Rental and Utility

STEP 1: STATEMENT OF HARDSHIP – Please Check The Box That Describes COVID-19 Impact

A. My household experienced a reduction or loss of income because a household member was:

<input type="checkbox"/> Laid off, furloughed, received reduced work hours, or had a job offer rescinded	<input type="checkbox"/> Required to quarantine due to COVID-19 diagnosis or exposure	<input type="checkbox"/> Required to stay home to care for a child due to school closures
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B. My household experienced an unexpected increase in:

<input type="checkbox"/> Daycare expenses for a dependent child or adult due to school/daycare closures	<input type="checkbox"/> Uninsured medical expenses because a household member received treatment for COVID-19	<input type="checkbox"/> (For persons 65+ years of age) Basic living expenses due to senior/community center closure or loss of support system
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C. Other financial impact Check this box only if the items above **do not** apply to your household. The Case Worker will ask for additional information. Eligibility for assistance is contingent upon demonstrated financial hardship due to COVID-19. Provide a Brief Description: _____

STEP 2: HOUSEHOLD GROSS INCOME – Please Provide Your Household’s Total Pre-Tax Income

300% of the Federal Poverty Level									
Household Size	1	2	3	4	5	6	7	8	Each Add'l Person
Monthly Household Income	\$3,190	\$4,310	\$5,430	\$6,550	\$7,670	\$8,790	\$9,910	\$11,030	Add \$1,122

The total number of persons in my home, including children, is _____.
 My household’s pre-tax income for the last 30 days is _____ (sum of pre-tax income for all adults 18+).
 By checking this box, I affirm that my household’s monthly income is at or below 300% of the Federal Poverty Level.

STEP 3: AFFIRMATION OF HOUSEHOLD INCOME

With my signature below, I attest that the household income I have provided on this affidavit is accurate, and that my household lives at or below 300% of the Federal Poverty Level. If I determined to be eligible for COVID rental or utility assistance, I may be required to submit additional documentation to prove my eligibility at a later date.

Signature _____
Date

STEP 4: AFFIRMATION OF RESIDENCE

With my signature below, I affirm that I will remain in the residence for the month(s) my rent and/or utilities is paid by Maricopa County.

Signature _____
Date

STEP 5: ATTESTATION OF TRUTH

With my signature below, I certify that the statements I have made regarding my eligibility for COVID-related rental and/or utility assistance are true to the best of my knowledge.

Printed Name _____
Phone Number/Email Address

Signature _____
Date