

Fairfax County CSP Financial Assistance

Self-Certification of Loss of Income/Significant Costs/Financial Hardship

Primary Tenant Name: _____

Address: _____

The Tenant has experienced a loss of income due to COVID-19/Coronavirus pandemic. Please select the reason(s) for loss of income below:

Laid off

Place of employment has closed.

Reduction in hours of work.

Reduction or elimination of child or spousal support.

Not able to work and/or missed hours due to illness.

Unable to find work /participate in employment due to illness.

Other

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Fairfax County CSP Financial Assistance Program and may be grounds for termination of assistance.

WARNING: It is unlawful to provide false information to the government when applying for federal public or benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

Please describe your loss of income due to the Coronavirus pandemic including circumstance(s) resulting in loss of income:

Signature: _____ Date: _____



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs services and activities. For reasonable accommodation call 703-324-4600

