

# Fairfax County Emergency Rental Assistance Program Application

## 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
- Must stay home to care for children due to closure of day care and/or school
- Reduction or elimination of child or spousal support
- Not able to work and/or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unable to participate in employment due to their high risk of severe illness from COVID-19
- Other

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

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs services and activities. Where a TTY number is not indicated, use 711/Virginia Relay. Reasonable accommodations made upon request; call 703-324-4600.

