

## Hardship Self Certification

I, \_\_\_\_\_, am certifying that due to the COVID-19 virus outbreak, I am no longer receiving income from \_\_\_\_\_ and I'm not able to obtain verification at this time.

I understand that the Enfield Housing Authority reserves the right to verify this information at a later date and if found to be inaccurate or untrue I may be liable for a repayment of monies owed.

I certify that this information is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under Federal and State law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date