

3. I/We are unable to provide the standard documentation to verify this claim due to the following:

4. Should it be discovered that my/our present financial hardship was not as a result of the coronavirus, I/we **must** repay the assistance received from the City of Goshen. _____

5. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by me/the household from the City of Goshen, or further legal action, may be required in the event that I/we provide false, incomplete or misleading information in this Affidavit or throughout the program application process. _____

Signature of Applicant/HOH

Printed Name of Applicant/HOH

Date _____

Signature of Adult Member/Co-HOH _____

Printed Name of Adult Member/Co-HOH

Date _____