



LOSS OF INCOME ATTESTATION FORM

I, _____ (Applicant), verify that my household income has been negatively impacted by COVID19. I am completing this form as I am unable to provide MSC with other requested documentation.

Prior to COVID19, my household income used to be \$_____ per month.

My household income now is \$_____ per month.

Please identify which of the following situations is applicable to your household:

- _____ I/someone in my household was laid off but do not have pay stubs, notice from employer or proof of application to unemployment
- _____ I/someone in my household had their work hours reduced but do not have pay stubs, notice from employer or proof of application to unemployment
- _____ I/someone in my household had to leave a job or reduce hours to care for school-aged children but do not have pay stubs, notice from employer or proof of application to unemployment
- _____ I/ someone in my household cannot work due to quarantine, being in a high-risk category for COVID-19, or caring for a sick person but do not have a pay stub, notice from employer or proof of application to unemployment

- Other: _____

_____.

Applicant Signature certifying above information

Date