

# COVID-19 IMPACT CERTIFICATION

City of Mission  
Community Development Department  
Emergency Rental Assistance Program

Administrator: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

**Purpose of this form:** This form allows household to select how the household has been economically impacted by COVID-19 in order to qualify for:

1. Texas Emergency Rental Assistance Administered thru the City of Mission

Please select any conditions that apply to your household:

*Since March 2020, household has had a loss of household income due to COVID-19*

*Since March 2020, household has had increased household costs of due to school closures or medical expenses*

*Since March 2020, household has had both a loss of household income and increased household costs due to school closures or medical expenses, for a loss of income.*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head/Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

**Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.**