



## City of Lincoln and Lincoln CoC COVID Declaration

Name \_\_\_\_\_

Please select on or more of the following regarding COVID 19:

I have experienced one of the following (select check box, and explanation below)

- a reduction in salary as a result of the coronavirus
- my hours reduced as a result of the coronavirus
- been furloughed as a result of the coronavirus
- been laid off as a result of the coronavirus
- been terminated as a result of the coronavirus
- been placed in alternate shelter as a result of health and safety, either self-isolation due to symptoms or to decrease shelter population as a result of coronavirus
- Experiencing homelessness (in shelter or unsheltered/place not meant for human habitation) and in need of assistance for the health and wellbeing of myself and others as a result of coronavirus.
- loss of income due to contracting or a family member contracting or being isolated after exposure to COVID19

Please briefly explain:

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I certify that the information presented in this certification is true and accurate to the best of my knowledge, as is the information documented in the HMIS system. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. The information provided is subject to verification by the ADLH Coordinated Entry System or agency receiving the referral.

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Signature

Date