



Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283
www.bouldercountyhhs.org

Affidavit of Loss of Income Due To COVID-19

Head of Household Name:	Name of Member Who Lost Income:
Address:	Phone #:
Email:	Section 8 Caseworker:

My household has experienced a loss of income due to the COVID-19 or Coronavirus. The loss of income is from (place of employment): _____ and for the following reason:

- Reduction in work hours
 - Number of hours working per week now: _____
 - Dollar amount paid per hour: \$_____
- Place of employment was closed or shut down
- I have a child under the age of 13 at home and no available childcare
- I am in a high-risk population and need to distance myself from the public
- I am ill, or taking care of a family member who is ill with COVID-19

I understand that my rent will be reduced temporarily, I must notify my caseworker immediately of any future changes in income and when I or any member of my household starts working. Failure to report income changes timely may result in repayment for unreported income.

By signing below, I certify the above information to be true and correct. If it is later determined that information provided was not correct, your housing assistance may be terminated for false information and a repayment for overpaid subsidy will be created.

Signature of Head of Household

Date

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