

**AFFIDAVIT OF NO CHANGE**

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Please read carefully and complete all statements below:

**1) PLEASE CHECK ALL THAT APPLY:**

I have submitted a **complete** COVID-19 Rental Assistance Application  YES  NO

**If yes**, please provide the date the COVID-19 Rental Assistance Application was submitted \_\_\_\_\_  
Date

My income or employment **remains the same** as listed in my previous COVID-19 Rental Assistance Application  YES  NO

My income or employment **has changed** since my previous COVID-19 Rental Assistance Application  YES  NO

**If yes**, please explain  
I am fully employed and no longer financially impacted by COVID 19  YES  NO

My hours are no longer reduced  YES  NO

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application and future benefit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date