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| For each Household member affected by COVID-19, provide the following information: | | |
| **# household member affected by COVID-19** | | |
| Name: | | |
| Are they unemployed or underemployed due to COVID-19? | YES | NO |
| Date person became unemployed or under employed |  | |
| Name and address of employer prior to being impacted by COVID-19: | | |
| What was the annual gross income of this person prior to being affected by COVID-19 or March 1, 2020 whichever is later? | | |
| Current employer: | | |
| What was the projected annual gross income of this household after being affected by COVID-19? | | |
| Is the person receiving unemployment benefits? Yes or No | | |
| If yes, how much are they receiving monthly $ | | |
| Provide additional information about Hardship: | | |