



Kauai 2021 Coronavirus Rental and Utility Assistance Program

Self-Certification of Lost Income Related to COVID-19

****Required only if no other income documentation can be provided****

Please return this form to KGEFCU

First Name:	Last Name:
Address:	City, State, Zip Code:
Phone:	Email:

Please provide a detailed reason why you lost your income or had a reduction of income due to COVID-19, verification of this is required and can include but not limited to, letters or email correspondence from previous or former employer(s), paystubs showing reduction of hours or bank statements showing payroll reduction, etc.

Applicant Statement: "I/We certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification."

Print Name

Signature (signed or typed)

Date