

TO: All EDGE Residents
FROM: Tony Girard
DATE: March 23, 2020
RE: Coronavirus (COVID-19) Release & Verification of Need Form

COVID-19 RELEASE AND VERIFICATION OF NEED

(NOTE: ALL Sections of This Form Must Be Completed)

The following release form is required of those EDGE residents impacted by coronavirus (COVID-19)

AND

Requesting rental hardship assistance during the April & May's 2019 rent collection cycle.

INFORMATION RELEASE:

I, <<NAME>>, resident at <<PROPERTY>> hereby authorizes my employer to release all requested information regarding the impact of my employment as a result of COVID -19.

EMPLOYER: _____ MGR: _____

PHONE: _____ EMAIL: _____

Resident / Employee Signature: _____

EMPLOYEE VERIFICATION OF NEED:

<<EMPLOYER>>: hereby certifies my EMPLOYEE <<NAME>> is experiencing a financial hardship caused by coronavirus (COVID-19) as follows:

() Employer *SHUTDOWN* or work hours *REDUCTION* due to COVID-19.
Details as follows:

() Wages Earned or Paid *REDUCTION* due to COVID-19.
Details as follows:

() Other.
Details as follows:

EMPLOYER ANTICIPATED RETURN DATE:

IF KNOWN:

- The employee's anticipated **RETURN DATE** for "normal" employment is ____/____/2020.

IF UNKNOWN:

- I do not know if or when employee will return to "normal" employment and will continue to monitor events.

EMPLOYER AFFIRMATION:

- I hear by swear and affirm, under penalty of perjury, the answers given are true and correct.
- I understand that false statements or answers to any question in this affidavit may subject me to penalties.

Dated this _____ day of _____, 2020

Signed by:

(Employer Signature)

Printed Name:

(Employer Print Name)