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<https://www.boyntonbeachcdc.org/>

Affidavit of COVID-19 Impact

Please complete this form to document how you were impact by the COVID-19 pandemic.

Applicant's Name: _____

Application Address: _____

Please describe below the financial hardship you experienced because of the COVID-19 pandemic:

By signing below, I swear or affirm that the answers are true and reflect my current finances and status regarding COVID-19. I understand that a material misstatement fraudulently or negligently made in this affidavit or any other statement made by me (us) in connection with an application for assistance may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance. I authorize Boynton Beach CDC to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

Signature of Applicant

Date

Print Name of Applicant