



Declaration Form

Name: _____ Date of Birth: ____/____/____

Mailing Address:

City: _____

State: _____ Zip _____ Phone #: _____ Roll#: _____

I am experiencing genuine financial need as a result of the COVID-19 pandemic as follows (check all that apply):

- I (or someone in my household) became unemployed, had hours cut back, been furloughed or put on unpaid leave due to COVID-19
- I (or someone in my household) is unable to work or experiencing financial hardship due to no child care/school due to COVID-19
- I (or someone in my household) is experiencing significantly increased medical costs or lost health insurance due to COVID-19
- I (or someone in my household) has had to leave on-campus student housing due to COVID-19
- I (or someone in my household) is experiencing financial hardship due to shelter in place orders or closures due to COVID-19
- I (or someone in my household) am unable to work because my medical issues prevent me from returning to the office due to COVID-19 or needing to care for a person with COVID-19
- I (or someone in my household) is experiencing other financial hardship due to COVID-19
- Other: _____

Please explain if you checked any of the above:

I certify that the information provided on this application is true and correct to the best of my knowledge.

Sign: _____ Date: _____

Please return by email to housing@brb-nsn.gov or mail (reference address above) Attn: Housing Department