



**MLGW On Track
COVID-19 Impact Statement**

Total household income prior to COVID-19 March 13 \$ _____

Total household income as a result of COVID-19 \$ _____

Total increased household expenses per month related to COVID-19 \$ _____

IMPACTS FROM COVID-19

- Showed symptoms of or tested positive for COVID-19, was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19
 - ✓ List name of household member(s) impacted _____

- Was laid off or lost job when place of employment closed
 - ✓ List name of household member(s) impacted _____

- Worked fewer hours when employer closed or reduced work hours due to Safer at Home order
 - ✓ List name of household member(s) impacted _____

- Earned less income (if self-employed or independent contractor) due to reduced work from clients/customers as a result of Safer at Home order
 - ✓ List name of household member(s) impacted _____

- Could not work because schools were closed and had no childcare
 - ✓ List name of household member(s) impacted _____

- Incurred additional medical expenses related to COVID-19 that are not covered by insurance
 - ✓ List name of household member(s) impacted _____

- Experienced some other impact from COVID-19. Attached statement describing impact.
 - ✓ List name of household member(s) impacted _____

By submitting this document, I declare that the information, including the documentation, I have provided is true and complete to the best of my knowledge, and I am willing to be contacted by MLGW On Track staff to evaluate the COVID-19 On Track application or to provide any other documents that may be required by MLGW to verify the information provided as a part of the application process.

Signature of person applying for On Track _____ **Date** _____



**MLGW On Track
COVID-19 Impact Documentation**

Please attached the appropriate documentation for the COVID-19 impact stated on your COVID-19 impact form.

•Documentation of Loss:

- Copy of pre-COVID-19 and post-COVID-19 paystubs demonstrating loss of income or;
- Copy of reduction in hours statement from employer

•Notice of termination from employer

•Confirmation of unemployment application

•If requesting assistance due to a medical cost or co-pay, please provide a copy of the bill

•For impact related to childcare expenses, provide an invoice or bill indicating the cost

• If other impact is identified please provide documentation for consideration