



JEFFERSON PARISH

DEPARTMENT OF COMMUNITY DEVELOPMENT

Covid Impact Certification Form

Date: _____

Last Name: _____ MI: ____ First Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Covid has impacted by ability to pay rent due to the following circumstance(s):

- Unemployment Reduction in hours at work
- Reduction in pay Virtual schooling affected ability to work
- Closure of day care Closure of school
- Quarantine forced missing work Other _____

Under penalty of perjury, I certify that all information presented in the certification is true, complete and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud and can result in federal civil and/or criminal penalties.

Signature of Applicant/Head of Household Date

Signature of Additional Impacted Adult Household Member Date

Mail: Jefferson Parish Department of Community Development
1221 Elmwood Park Blvd., Suite 605
Jefferson, LA 70123

Fax: (504)736-6425

Email: Your case manager's direct email address _____