

# WAYNE COUNTY HUMAN SERVICES AGENCY HOUSING DEPARTMENT

BRIAN W. SMITH, CHAIRMAN  
*Damascus Township, PA*

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*Salem Township, PA*

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*Damascus Township, PA*



MICHELLE VALINSKI  
*HSA Administrator*

LORI O'MALLEY  
*HSA Deputy Administrator*

HEATHER MISZLER  
*HSA Housing Coordinator*

## **Financial Impact(s)**

Which of the following financial impacts apply to you or anyone within your household regarding the COVID-19 pandemic? **Impacts must have occurred on or after March 13, 2020.**

Select **all** that apply:

- Laid off due to COVID-19
- Place of employment has closed due to COVID-19
- A reduction in hours of work due to COVID-19
- Must stay home to care for children due to closure of day care and/or school due to COVID-19
- Must stay home to care for children due to distance learning because of COVID-19
- Lost child or spousal support due to COVID-19
- Had an increase in expenses due to COVID-19. i.e. childcare, medical, schooling, etc.
- Unable to find employment due to COVID-19
- Unwilling or unable to participate in previous employment due to a high risk of severe illness from COVID-19
- Unable to work due to contracting COVID-19
- Unable to work due to caring for someone who contracting COVID-19
- Other significant costs. Please explain: \_\_\_\_\_

- Other financial hardship. Please explain: \_\_\_\_\_

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information provided for this application will be kept confidential and used only to administer benefits. I understand that I may be required to work with other agencies as a condition of my approval for assistance.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_