

## CARH Mortgage Assistance Program Hardship Statement due to COVID-19

I, ////////////////(Print your full name) as of /////////////////(Date financial difficulty started) am experiencing financial difficulty due to the COVID-19 pandemic.

My financial difficulty has led to:

Not being able to pay any of my monthly mortgage Not being able to pay the full amount of mortgage I owe each month.

I am experiencing financial difficulty due to:

Being laid off from work because of COVID-19

Experiencing a reduction in my work hours and pay due to COVID-19 Needing to take extended time off work due to COVID-19, because of:

Care for my child(ren) whose school/childcare closed

Care for a family member sick with COVID-19 or quarantining due to a family member's positive COVID-19 diagnosis

Receiving medical care or quarantining due to myself testing positive for COVID-19

Seeking medical care and limiting exposure to COVID-19

I am unable to find new employment due to COVID-19 (i.e. industry was deeply impacted by covid)

I have/had a medical issue that made it harder to find employment during the pandemic

Other (explain below):

I (Print your full name here) swear or affirm that the statements above are true.

(Sign your name here)