

# Affidavit

STATE OF FLORIDA

COUNTY OF Miami-Dade

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the state of Florida. I have personal knowledge of the facts in this affidavit, and, if called as a witness, could testify competently about them.

2. I am currently living at:

\_\_\_\_\_

3. I have been negatively financially impacted by the COVID-19 pandemic because (check all that apply):

I have lost my job.

My hours were substantially reduced.

Other: \_\_\_\_\_

Executed on this \_\_\_\_ day of \_\_\_\_\_, 2020

\_\_\_\_\_  
Signature of Affiant

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
NOTRARY PUBLIC

\_\_\_\_\_  
Print, type, or stamp commissioned name of notary

\_\_\_\_\_  
Personally known

\_\_\_\_\_  
Produced identification

Type of Identification Produced \_\_\_\_\_