

# Loss of Income due to COVID-19 Application



If you haven't already applied, please apply for Alaska Unemployment Insurance benefits at <https://labor.alaska.gov/unemployment/>. New rules for those impacted by COVID-19 have started, and you may qualify.

1. Please use this form to report the temporary or permanent loss of income due to COVID-19 (Coronavirus).
  - This form temporarily replaces the Bridge Application for loss of income due to the Coronavirus.
  - If you have other circumstances that you believe qualify you for the Bridge Process, please complete the Bridge Application package.
  - If you wish to report other changes, please use the Family Report of Changes.
2. Changes for this process are anticipated to last for at least 30 days. Families that are quarantined or self-quarantined for up to 14 days are not eligible.
3. All changes reported by a family must have supporting documents attached.
4. Please do not use this form to request an exception to the requirement to pay AHFC's minimum rent. Please submit the Minimum Rent Exemption Request.

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## Family Program Types

### Moving to Work Public Housing and Voucher Programs

- Step
- Set Aside vouchers (Empowering Choice, Foster Youth to Independence, Mainstream, Moving Home, Non-Elderly Disabled, Project-Based, Tenant Protection, VASH)

You pay 28.5 percent of your monthly income as rent or you are paying an increasing amount of your monthly income each year toward rent.

Please do not use this form to request that AHFC deduct your child care, medical, or disability out-of-pocket expenses from your annual income.

- If you are a person with a disability, please submit a Reasonable Accommodation Request.
- Otherwise, please use the Family Report of Changes.

### Traditional

These programs include Enhanced and Homeownership vouchers, S8N Multifamily Housing, and Making A Home or Returning Home coupon programs.

- You pay 30 percent of your adjusted monthly income as rent.
- You may receive deductions for dependents, being an elderly or disabled household, and are eligible for out-of-pocket child care and medical expenses.
- Please do not use this form to request an income decrease, use the Family Report of Changes.



# Loss of Income due to COVID-19 Application



You may request assistance with this document from AHFC.

## Head of Household

Legal Name	Last 4 Digits of Social Security Number
Mailing Address	Telephone
City, ST, Zip Code	
E-Mail Address	

## Family Circumstances

Please provide proof of the change in circumstances or see question 6.

1.  Yes  No I am laid off from my job or face a decrease in hours due to a business reduction or closure.

Anticipated Return to Work or Return to Regular Hours: \_\_\_\_\_

Date of Last Full Paycheck: \_\_\_\_\_

Yes  No I have leave that I can use to help cover my wages.

If Yes, Hours of leave available: \_\_\_\_\_

2.  Yes  No I must remain home to provide care for my children or other household member.

Anticipated Return to Work: \_\_\_\_\_

Date of Last Full Paycheck: \_\_\_\_\_

Yes  No I have leave that I can use to help cover my wages.

If Yes, Hours of leave available: \_\_\_\_\_

3.  Yes  No I have lost my job or this income source and do not anticipate returning to the job or receiving it again. If Yes, please complete table below.

Family Member Name	Income Type	Description (Employer Name)	Ending When?



**Family Income**

- 4. Income** - If any household member is receiving money from any of the sources below, check “Yes” and then fill in the Income Table below.
- If any household member is applying for or will apply for any of the sources below, check “Apply”.
  - If no household member is receiving that income type, check “No”.

Yes	No	Apply	Income Source
			Wages or Self-Employment (full- and part-time jobs, seasonal or temporary jobs, working for cash, self-employment or owning a business, or enlisted in the military)
			Social Security (SSA, SSA-DI, Retirement, Survivor)
			Supplemental Security Income (SSI)
			Veteran's benefits
			Temporary Assistance to Needy Families (TANF) or Alaska Temporary Assistance Program (ATAP)
			Alaska Adult Public Assistance (APA), Old Age Assistance, or Alaska Interim Assistance (IA)

Yes	No	Apply	Income Source
			Alaska Senior benefits (Longevity)
			Benefits from another state/country
			Alaska Native dividends or payments
			Retirement or pension payments
			Unemployment payments
			Worker's compensation payments
			Foster care or adoption assistance payments
			Alimony or child support payments
			Disability payments not already listed
			Grant or scholarship payments
			Payments from any other sources

- 5. Income Table** – For each source checked “Yes” above, describe the income below. Please provide verification of each income source listed or see question 6.

Member Name	Income Name or Source	How Often Are You Paid?	Gross Amount per Payment
		<input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____	
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		<input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____	

6. If you are unable to attach verification of an income source or your change in circumstances, please explain.

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**Personal Certification and Notice**

**Warning:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I hereby certify under penalty of perjury under the laws of the United States of America and the State of Alaska that all of the information contained in this document is true and complete. I understand that making false statements on this document is a crime under state and federal law, which may result in termination from the program and criminal prosecution.

Head, Spouse, or Co-Head of Household Signature	Printed Name	Date

If a translator or translation service, AHFC staff, or other assistance was used to prepare this form, please list below.

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