

# COVID-19 Impact Addendum

To be used with applications where the household inadvertently has not certified to an COVID impact (direct or indirect) on their application, and follow-up contact was made with the applicant (phone, email, text, or in person) and/or there was a review of the application materials and the applicant was found to have experienced a financial hardship due to or during COVID.

Applicant Name:

Prompt for discussion with applicant: “Many households in Massachusetts have been financially affected by the COVID-19 pandemic. Please tell us what challenges you have faced since the pandemic started in March of 2020.” Check all that apply to the household. This serves as confirmation that the household may use ERAP 1 or ERAP 2 (if otherwise eligible).

I, or someone in my household...

Lost a job

Collected unemployment benefits

Had less income than usual (lower pay, fewer hours, or fewer clients if self-employed)

Had to miss work, or stop working, or work fewer hours due to a health or medical need

Had to miss work, or stop working, to take care of someone with health or medical needs

Had to miss work, or stop working, or work fewer hours because my child’s school or daycare was closed, or because my child had online school

Had a roommate or household member move out, stop paying rent, or die, leaving me with higher housing costs

Had higher bills than usual (for example, medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, etc.)

Had income that was too low to pay for basic household expenses (for example, food, clothing, rent, utilities, cleaning supplies, etc.)

Other financial problem (please explain)

Staff Name:

Date: