



Johnston-Lee-Harnett Community Action, Inc.

MAIN OFFICE
 Phone 919-934-2145
 Fax 919-934-6231
 Post Office Drawer 711
 1102 Massey Street
 Smithfield, NC 27577

LEE COUNTY OFFICE
 Phone 919-776-0746
 Fax 919-774-1867
 Post Office Box 1061
 225 S. Steele Street
 Sanford, NC 27330

HARNETT COUNTY OFFICE
 Phone 910-814-8360
 Fax 910-814-8362
 Post Office Box 40
 252 Irene Roberts Rd., Suite 101
 Lillington, NC 27546

I, _____, hereby attest that the information that I have given to

 Applicants Name
 _____ CARES Intake Counselor/JLHCA Authorized Representative
 in the Community Services Block Grant Program at Johnston-Lee-Harnett Community Action, Inc.
 is true and factual.

I, _____ further attest that my situation was caused by the negative effects of the Pandemic.
 Applicant Initials

I, _____ further attest that there are _____ people residing in my household and my monthly income is \$_____
 Applicant Initials

Certification of Information

I am aware that this information is subject to review and verification and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I have been informed that my eligibility is not based on whether or not I contracted the COVID-19 Virus. I attest that I have been negatively impacted as a result of the problems, i.e. work and/or school shutdowns, quarantines, supply chain issues, high food/gas prices that were caused by the Pandemic. I was further informed of my right to appeal any denial of service or assistance for which I may be eligible.

My signature signifies that _____ attested that he/she will sign any needed
 Agency Authorized Representative
 documentation after the agency reopens. I informed the applicant that the agency is closed due to the COVID-19 Pandemic. My signature below is verification that the information was verbally shared by the applicant by phone and/or Internet or in person has been filed and is reflective of their current situation.

For families/households with more than 8 persons, add \$9,440 for each additional person.

Persons in family/household	Poverty guideline
1	\$27,180
2	\$36,620
3	\$46,060
4	\$55,500
5	\$64,940

 JLHCA Participant

 Authorized Agency Representative

 Date