COLLIER COUNTY ASSISTANCE SELF-CERTIFICATION OF QUARANTINE

Applicant: _____

Address: _____

1) **I Hereby Certify** that I need to quarantine:

Check one ☐ I am COVID Positive

☐ My family member COVID Positive

2) **I Hereby Certify** that I have been negatively impacted by the **COVID-19** pandemic and I am unable quarantine in my home and require alternate accommodations.

Check one ☐ Yes

☐ No

3) **I Hereby Certify** that I am a Collier County resident

Check one ☐ Yes

☐ No

I will inform local government staff of changes during the period when I am receiving assistance. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the information provided is true and complete to the best of my knowledge.

_____ _____ _____

Signature of Applicant Printed Name of Applicant Date

Witness 1) _____ Witness 2) _____

Printed name_____ Printed name_____