



EXHIBIT B

Date: \_\_\_\_\_

THE CITY OF BLACK DIAMOND

In Conjunction With

Black Diamond Community Center 31605 Third Ave

PO Box 480 Black Diamond, WA 98010 - Phone (360) 886-1011 \* Fax (360) 886-8947

COVID 19 ECONOMIC HARDSHIP ASSISTANCE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you reside inside or outside Black Diamond city limits? In \_\_\_ Out \_\_\_ Phone Number \_\_\_\_\_

Please indicate housing status: Home Owner \_\_\_ Renter\* \_\_\_ Monthly Payment / Rent \$ \_\_\_\_\_

\* If Renter You must also complete Residential Rental Verification Form

Number of people in household: Adults \_\_\_\_\_ Children under 18 \_\_\_\_\_ Seniors \_\_\_\_\_ Total \_\_\_\_\_

Number of people in your household considered disabled? \_\_\_\_\_ Number of Veterans in the household? \_\_\_\_\_

Current Employment Status: Full-time \_\_\_ Part-time \_\_\_ Unemployment \_\_\_ Other \_\_\_\_\_

Please list current information for yourself and all those residing with you:

Name	Age	Gender	Total Monthly Income	Source/Employer

If additional space needed, please list on separate sheet and attach

Total All Current Monthly Household Income \$ \_\_\_\_\_

Please describe the nature of the COVID economic hardship \_\_\_\_\_

Please indicate type and dollar amount of assistance being requested:

Black Diamond Utility Bill \$ \_\_\_\_\_ City Utility Bill Acct # \_\_\_\_\_

Rental Assistance \$ \_\_\_\_\_ Landlord Name/Rental Agency \_\_\_\_\_ Unit # \_\_\_\_\_

I attest the information given on this form is true and accurate \_\_\_\_\_

Signature of Requestor

OFFICIAL USE ONLY

Assistance type and dollar amount provided: \_\_\_\_\_ Date Provided \_\_\_\_\_

Black Diamond Utility Bill \$ \_\_\_\_\_ Black Diamond Utility Account Number \_\_\_\_\_

Rent \$ \_\_\_\_\_ Name of Landlord or rental agency \_\_\_\_\_

Signed \_\_\_\_\_



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**2020 COVID 19 Economic Hardship Verification Form**

Rent or Lease of:

Multi-Family Home  Apartment  Mobile Home Park   
Duplex  ADU  Single Family Residence

Applicant Name(s) on Rent/Lease:

1. Name(s) \_\_\_\_\_ Unit # \_\_\_\_\_  
\_\_\_\_\_

2. Property Owner/Company Name \_\_\_\_\_

Property Address \_\_\_\_\_

The undersigned certifies, subject to the penalties of perjury, that:

1. The Applicant(s) listed above has/have THE RENTAL AGREEMENT OR LEASE IN THEIR NAME(S) at the address and unit number indicated above.
2. The Applicant(s) has/have lived at the property above for \_\_\_\_\_ month(s).

Property Management or Owner:  
(Photocopied signatures will not be accepted.)

Print Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_