

STATE OF NEW MEXICO
COUNTY OF RIO ARRIBA

AFFIDAVIT OF

I, _____ (Print Name), of legal age (18 years of age or older) do hereby affirm and declare that

1. I am a(n) _____
2. I currently work at _____, work _____ hour(s) per week at the rate of \$ _____.

And I have been financially impacted during COVID-19 by the following:

- Laid off from work
- Hours worked were reduced
- Sales of traditional artwork have decreased
- Childcare has increased
- Price of necessities have increased
- Loss of income due to family loss from COVID-19
- Decrease in income due to being quarantined from contracting or being exposed to COVID-19
- Other: *(Please explain and if needed attach additional statement)*

I certify that the information presented in this affidavit is true and correct to the best of my knowledge and belief.

Signature

Date

STATE OF NEW MEXICO)

)ss.:

COUNTY OF RIO ARRIBA)

On this _____ day of _____, 20____, before me appeared _____, to me personally known, who, being by me duly sworn, did sign and affirm that all the facts alleged in this Affidavit are within Affiant's personal knowledge and are true and correct

NOTARY PUBLIC

My Commission Expires: _____