



## 2021 COVID Reentry Payment Program

### Identity and Eligibility Affidavit

Applicant name: \_\_\_\_\_

I understand that it is a federal offense (18 U.S. Code Section 1001) and a state offense (18 Pa.C.S.A. Section 4904) to knowingly make a false statement in this certification.

I certify under the penalty of law that the foregoing is true and correct:

- I was released from the Philadelphia Department of Prisons at least once between March 1, 2020 and June 30, 2021.
- I have not already received this COVID Reentry Payment financial assistance through the Office of Reentry Partnerships.
- I am a Philadelphia resident.
- My annual gross income is equal to or less than \$33,000.
- I attest that the financial assistance I receive will be used to support my successful reentry.

Applicant signature: \_\_\_\_\_

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