

Attachment 3

COVID-19 Disaster Recovery Dislocated Worker Grant (DWG) Program
SELF-EMPLOYED ATTESTATION

Applicant Name _____

Business Name _____

Business Address _____

FEIN or SSN _____

1. As a result of the March 2020 COVID-19 pandemic:

- Business closed
- Loss of Business Income by _____ % Compared to one year ago (March 2019)
- Laid off _____ workers or _____ % of the workforce
- Received disaster relief from (circle all that apply):
 - SBA
 - USDA
 - PPP
 - Other _____
- I am willing and able to accept employment with a different business that is hiring dislocated workers.

2. TO BE COMPLETED BY CUSTOMER(S) OF THE DISASTER RECOVERY DWG APPLICANT

This letter is to confirm that (*Business Name & Owner* _____)

has been my contractor / provider / supplier of (*type of product(s)* _____)

(*since month/year*) _____)

Following the COVID-19 Pandemic, (*business name* _____)

has been unable to provide (*describe service(s)* _____)

because _____)

Name of Client / Customer _____

Address _____

Phone Number _____

Email _____

Signature of Customer _____

FEIN _____

Date Signed _____

3. APPLICANT CERTIFICATION

I certify that the information stated in this form is true and accurate to the best of my knowledge. If it has been found that any information in this form is false or misleading, I may be disqualified from participating in the Disaster Recovery DWG Program, and the State of Hawaii may take legal action to recover any resources from me.

Applicant Name _____

Applicant Signature _____

Date Signed _____