

**Attachment 3**

**COVID-19 Employment Recovery Dislocated Worker Grant (DWG)**

**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 Employment Recovery DWG Program, and the State of Hawaii may take legal action to recover any resources from me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date Signed \_\_\_\_\_