



**HENDRY COUNTY BOARD OF COUNTY COMMISSIONERS
INDIVIDUAL ASSISTANCE GRANT**

**AFFIDAVIT IN SUPPORT OF INDIVIDUAL APPLICATION
FOR CARES ACT RELIEF FUNDS THROUGH HENDRY COUNTY**

STATE OF FLORIDA)
COUNTY OF HENDRY)

BEFORE ME, the undersigned authority, personally appeared the individual identified below, who being duly sworn, on oath or affirmation, deposes and says:

1. I am _____, and I am familiar with the matters set forth herein
(Print Name)
and make this affidavit upon my best information and belief.
2. I am a resident of Hendry County, Florida presently and prior to March 1, 2020. Further, I am a U.S. citizen or possess a valid alien registration card.
3. I have been negatively impacted financially by the COVID-19 pandemic and require assistance with housing, utility payments, and/or participation in a workforce development program.
4. I am only applying for assistance for housing, utility expenses, and/or workforce development program expenses that:
 - a.) Were incurred between March 1, 2020 and December 30, 2020;
 - b.) I am unable to pay as a result of the impact of the COVID-19 public health emergency; and
 - c.) Have not been paid for or subsidized by any other governmental assistance.
5. I agree to provide any documentation requested by Hendry County to verify the information in this Affidavit or the Hendry County Individual Grant Application.
6. The Affiant acknowledges and understands that submitting the Application and this Affidavit does not obligate the County to distribute any CARES Act funding to the Affiant, which distribution is within the County's sole discretion. The Affiant further acknowledges that the County's ability to distribute CARES Act funding is contingent upon State of Florida funding the program within Hendry County and that the County will distribute the funds on a first come, first served basis.
7. The Affiant has read and understands Section 837.06, *Florida Statutes*, which provides: "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083."

If any statement in this Affidavit or in the Application is false or misleading, regardless of the knowledge or intention of the Affiant, the Affiant forfeits the ability to receive any CARES Act funding from the County, or if the funds are already distributed, the Affiant will repay the amount funded in full immediately upon notice thereof. In addition, if the funding awarded to the Affiant is disallowed for any reason by the County or State of Florida, regardless of the fault of the Affiant, the Affiant will hold harmless and indemnify Hendry County for any and all costs of whatever nature including, without limitation, the reimbursement of the State of Florida, as well as the costs incurred by the County in reimbursing the State and curing any default caused by the Affiant.

FURTHER AFFIANT SAITH NAUGHT.

Affiant's Signature

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 2020, by _____.

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced: _____