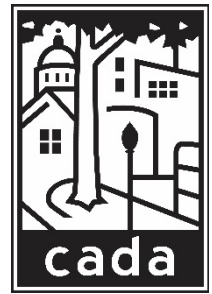


# CADA

## COVID-19 Hardship Notification and Accommodation Request



Name:  Date:

Address:

### 1. Current household information and preferred method of response to this request: (Check all that apply.)

Main source of household income: Wage Income Non-Wage Income:

Occupation:

Industry:

Employer:

Email Address:

Phone #:

Mail response to home address listed above.

Mail response to this alternate address:

### 2. COVID-19 "Coronavirus"-related financial hardship reason: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Caring for a Household or family member                                  | <input type="checkbox"/> Reduction of work hours            |
| <input type="checkbox"/> Childcare-related loss of wages  | <input type="checkbox"/> Temporary Lay-Off/Employer closure |
| <input type="checkbox"/> Self-quarantine during the state of emergency                            | <input type="checkbox"/> Permanent Lay-Off/Job loss         |
| <input type="checkbox"/> Other: (List other reason for income reduction resulting from COVID-19.) |   |

### 3. Supporting Documents: (Check documents you have attached, or will be providing.)

- |   |  |
|---|--|
| <input type="checkbox"/> Letter/Email from Employer   | <input type="checkbox"/> Recent Unemployment claim confirmation      |
| <input type="checkbox"/> Note/email/medical record from doctor  | <input type="checkbox"/> Recent Disability claim confirmation        |
| <input type="checkbox"/> Recent pay stubs showing wage loss   | <input type="checkbox"/> Recent Paid Family Leave claim confirmation |
| <input type="checkbox"/> Other: (List other documents supporting financial hardship resulting from COVID-19.) |  |

**4. Need/request:** Please indicate the specific payment (or other) request(s) you would like for CADA to consider and the projected duration of your request. Also, please indicate what additional actions you have taken and propose to take to remedy your financial situation, such as seeking help from family, applying for a loan or financial aid, filing a disability claim, looking for other employment, filing for unemployment, etc. Specify amounts due and a proposed payment plan.

**Please note:** Supporting documents (indicated on page 1, section 3) must be submitted in order for CADA to consider your request. All requests and documentation are subject to verification of the hardship you are experiencing. CADA will be following all COVID-19-related directives/orders issued by federal, state and local authorities, which are subject to change. **Please call CADA at (916)322-2114 for more information.**

**For office use only.**

Approved    Date:     Processed by:

Approved with changes, see notes.     Declined, see notes.    BP Notes updated by: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

Notes: