

March (XX), 2024

To Whom it May Concern,

I (Client Name and last 4 SS#) am a participant on the Housing Choice Program through the Indianapolis Housing Agency and was housed through the Coordinated Entry System in Indianapolis. Due to the COVID-19 pandemic, I have recently lost my income from employment at (insert Employer Name).

(Insert Employer Contact information)

At this time, I have attempted but was unable to attain documentation from my employer to verify my loss of employment but am submitting this self-certification as documentation of my loss of employment.

Please let me know if you have any questions.

Client Name _____

Client Signature _____

Date _____