
Date

Borrower Name

Co-Borrower Name

Borrower Street Address

City

State

Zip

COVID-19 PROOF OF HARDSHIP

This letter serves as proof of hardship that _____ (Borrower Name)
has been adversely affected by the COVID-19 outbreak in the following manner:

Employment

My employer has ceased operations and I am unable to work

I am unable to work due to school closures

I am unable to work due to flu-like symptoms and my employer's sick policy

Other: _____

Employer's Name: _____

Medical

I have tested positive for COVID-19 or have been quarantined

I am caring for a family member that has tested positive for COVID-19

Other: _____

Doctor's Name: _____

Borrower Signature _____ **Co-Borrower Signature** _____