

AFFIDAVIT

I, _____, first being duly sworn on my oath, state that the following facts are true and may be relied on by the City of Farmington in determining my eligibility to receive utility bill assistance offered by the City of Farmington as a result of the Covid-19 virus pandemic:

1. I am a resident of Farmington, Missouri and receive utility services from the City of Farmington, Missouri.
2. I am self-employed.
3. The income I earn from self-employment is my main source of income.
4. As a result of the Covid-19 virus pandemic, I have suffered a loss in my self-employment income that has created a hardship in my ability to pay my utility bill from the City of Farmington.

Dated this _____ day of _____ 2020.

STATE OF MISSOURI)
) ss.
COUNTY OF ST. FRANCOIS)

On this _____ day of _____ 2020, before me, a Notary Public in and for said state, personally appeared _____, to me known to be the person described in and who executed the foregoing Affidavit, and acknowledged that he/she executed the same as his/her free act and deed.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the date and year first above written.

Notary Public

My commission expires: