



Department of Social Service

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Example 2. COVID-19 Confirmation

Today's Date: _____

Landlord's Name: _____

Primary Lease Holder's Name: _____

The Landlord named above has confirmed with the Primary Lease Holder named above that difficulty making rent payments is the result of loss of income due to COVID-19. Reason(s) include (check all that apply):

- Laid off
- Place of employment has closed
- Loss of work hours
- Must stay home to care for children due to closure of day care and/or school
- Reduction or elimination of child or spousal support
- Not able to work and/or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unwilling or unable to participate in their previous employment due to their high risk of severe illness from COVID-19
- Other: _____