**Seattle COVID-19 Disaster Relief Fund for Immigrants**
**Letter Template for Seattle Residency or Place of Employment or Seattle School Enrollment**
(Must be completed by a person other than the applicant.)

To Whom It May Concern:

For the purpose of the Seattle COVID-19 Disaster Relief Fund for Immigrants application, I confirm that the below information is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete.

This information pertains to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
NAME OF APPLICANT

(CHECK ONE AND FILL IN THE PERTINENT INFORMATION)

* The APPLICANT named above is currently enrolled as a student in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

NAME OF EDUCATIONAL INSTITUTION

* The current HOME ADDRESS of the APPLICANT named above is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ADDRESS

* The current or former (between January 1, 2020 to September 30, 2020) EMPLOYER ADDRESS of the APPLICANT named above is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
PHONE NUMBER ORGANIZATION