**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