

Village of Caledonia
3095 Main Street
Caledonia, NY 14423
(585) 538-6565

SELF CERTIFICATION FORM

Please return if you are applying for a Deferred Payment Agreement

VILLAGE OF CALEDONIA RESIDENTIAL CUSTOMERS
(Please Print)

Customer Name _____
Account Number: _____
Service Address: _____
Telephone Number: _____

I, _____ attest that due to COVID-19 state of emergency, which began on or before March 7, 2020, I am currently experiencing a change in financial circumstances.”

Have you experienced a change in financial circumstances due to COVID-19?
Yes or No (circle one) If yes,

I and/or my spouse:

- Continued to work
- Had reduced work hours
- Received financial assistance from the Department of Social Services
- Received unemployment including federal payments
- Received stimulus checks
- Were laid off from work
- Stopped work completely

By signing this certification, I attest that due to the COVID-19 state of emergency, which began on or after March 7, 2020, I have experienced a change in financial circumstances and that the information I provided is complete and accurate.

Signature: _____ Date: _____

Please return this form to: Village of Caledonia, Village Clerk, Ann Marie Grattan, 3095 Main Street, Caledonia, NY 14423 no later than January 25, 2022.