

AFFIDAVIT OF LOSS OF INCOME DURING COVID-19 PANDEMIC

I, _____, the owner of _____,
have executed this affidavit in support of my request for assistance under the Nye County COVID Relief
Program and Policy. It is presented as written proof that my business has 30 employees or less and has
experienced a loss of income due to the COVID-19 Pandemic.

State of _____

County of _____

I hereby certify that _____ personally appeared
before me on this ____ day of _____, 2021 and makes this their statement and General
Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts,
and things set forth are true and correct to the best of their knowledge.

Notary Public Signature

My Commission Expires (Date)