



Oregon Worker Relief Fund

P. O. Box 8382
Portland, OR, 97207

10/15/2021

REQUEST FOR INFORMATION

Thank you for applying to the Oregon Worker Relief Fund.

Upon review, we identified that several records with your address and/or phone number and/or email address have been submitted. Oregon Worker understands that eligible community members share addresses / phone numbers / email addresses. To ensure eligible community members are approved, **Oregon Worker asks that you submit a Declaration of Identity by a credible witness.** Attached to this letter is a sample declaration along with a blank declaration you may fill out and submit. Once reviewed and *if your application is approved*, payment in the form of a check will be made. We will contact you then to coordinate the best time, day and place for you to pick up your check. You will need to present the ID that you provided with your application.

Please provide this information via email to the email address at helpdesk@workerrelief.org or to your navigator **no later than Friday October 29, 2021.** If you need assistance, please contact your navigator. If you do not provide the requested information, your application will be denied due to insufficient evidence.

For any questions, please email us at helpdesk@workerrelief.org.

Sincerely,

Oregon Worker Relief Fund

Declaration of Identity by Credible Witness

I, Name of Credible Witness, declare under penalty of perjury that the following is true:

1. My name is Name of Credible Witness. I am older than 18 years old. I make this declaration in support of the application for benefits under the Oregon Worker Relief Fund on behalf of Name of Applicant.
2. I affirm that the applicant listed in this declaration currently resides or was residing in Oregon at the time of the stated wage loss in a lawful profession in Oregon, as listed in their application for benefits under the Oregon Worker Relief Fund. The applicant's address is: Applicant's address as listed in navigation
3. The identity document I submit along with this application relates to me.
4. Prior to this navigation and application for benefits, I gained personal knowledge of Name of Applicant's identity, including the applicant's date of birth by Explanation of how Credible Witness knows the Applicant.
5. I am personally satisfied that the individual making this application and for whom I am submitting this navigation is Name of Applicant and whose date of birth is Applicant date of birth.

I so declare.

CREDIBLE WITNESS SIGNATURE

DATE

**Credible Witness declaration must be accompanied by a government issued photo ID of Credible Witness.*

Declaration of Identity

I, Name of Applicant, declare under penalty of perjury that the following is true:

1. My name is Name of Applicant. I made this declaration in support of my application for benefits under the Oregon Worker Relief Fund.
2. My date of birth is Applicant date of birth.
3. I affirm that I currently reside or was residing in Oregon at the time of the stated wage loss in a lawful profession in Oregon, as listed in my application for benefits under the Oregon Worker Relief Fund. My address is: Applicant's address as listed in navigation.
4. I do not have a government-issued identification document or a government-issued ID that is accepted by OWR because Reasonable explanation of why applicant has not renewed or obtained a government-issued ID.
5. I have not made any prior application for benefits under the Oregon Worker Relief Fund. This is my first application.
6. The photograph I submit along with this declaration is me.

I so declare.

APPLICANT SIGNATURE

DATE

**Applicant declaration must be accompanied by a photo of the applicant.*

Navigators: please review and confirm the declarations are complete. Include your initials to indicate you have reviewed and that the declarations are ready for review by the processing team.

Navigator confirms the declaration is filled out completely: _____ (navigator initials)

Declaration of Identity by Credible Witness

I, _____, declare under penalty of perjury that the following is true:

1. My name is _____. I am older than 18 years old. I make this declaration in support of the application for benefits under the Oregon Worker Relief Fund on behalf of _____.
2. I affirm that the applicant listed in this declaration currently resides or was residing in Oregon at the time of the stated wage loss in a lawful profession in Oregon, as listed in their application for benefits under the Oregon Worker Relief Fund. The applicant's address is: _____.
3. The identity document I submit along with this application relates to me.
4. Prior to this navigation and application for benefits, I gained personal knowledge of _____'s identity, including the applicant's date of birth by _____.
5. I am personally satisfied that the individual making this application and for whom I am submitting this navigation is _____ and whose date of birth is _____.

I so declare.

CREDIBLE WITNESS SIGNATURE

DATE

**Credible Witness declaration must be accompanied by a government issued photo ID of Credible Witness.*

Declaration of Identity

I, _____, declare under penalty of perjury that the following is true:

1. My name is _____. I made this declaration in support of my application for benefits under the Oregon Worker Relief Fund.
2. My date of birth is _____.
3. I affirm that I currently reside or was residing in Oregon at the time of the stated wage loss in a lawful profession in Oregon, as listed in my application for benefits under the Oregon Worker Relief Fund. My address is: _____.
4. I do not have a government-issued identification document or a government-issued ID that is accepted by OWR because _____.
5. I have not made any prior application for benefits under the Oregon Worker Relief Fund. This is my first application.
6. The photograph I submit along with this declaration is me.

I so declare.

APPLICANT SIGNATURE

DATE

**Applicant declaration must be accompanied by a photo of the applicant.*

Navigator confirms the declaration is filled out completely: _____ (navigator initials)