



Self-Certification of Income Form Required Information



Use this list as a guide. All five (5) information points below must be included in Section 1 (Page 1 of 3) explanation of your COVID-19 related financial hardship.

1. Income prior to COVID-19

Examples:

- Prior to COVID-19, I was working as a childcare professional for Happy Kids, LLC 40 hours a week, making \$10.00 per hour.
- My gross income prior to COVID-19 was _____.
(weekly/biweekly/monthly/annually/etc.)

2. Financial effect of COVID-19 on YOU financially

This is for you specifically, not the total household.

Examples:

- Job termination directly due to COVID-19 – include date
- Lack of child care due to COVID-19
- Etc.

3. Current income, future income (including increases), and any dates when future income will change

Examples:

- I am currently working as an Auto Technician for Mechanics, Inc. 20 hours a week, making \$10.00 per hour. I do not know when, or if, I will be working more hours in the future.
- I am currently unemployed and not receiving income of any kind. My company will reopen on November 1, 2020 and I am contracted to work 40 hours per week at \$12.00 per hour at that time.

4. Application for and/or receipt of unemployment benefits.

Examples:

- I am currently receiving unemployment benefits of \$250 weekly.
- I have applied for unemployment benefits but have not yet received a determination.
- I have applied for unemployment benefits but have been denied.
- I have not applied for unemployment benefits and I do not anticipate applying for them in the next 12 months.

5. Expected income for the next 12 months (This is from today forward.)

Example:

- My anticipated gross income for the next 12 months is _____.

2. I will receive income from the following sources over the next 12 months: (Circle Yes or No for each statement):

- Y N Gross wages from employment (including commissions, tips, bonuses, fees, etc.) \$ _____
- Y N Net income from operation of a business \$ _____
- Y N Rental income from real or personal property \$ _____ Property Value \$ _____
- Y N Cash value of all assets (checking, savings, CD, stocks, bonds) \$ _____
- Y N Value of whole life insurance policies \$ _____
- Y N Interest or dividends from all assets \$ _____
- Y N Social Security payments, annuities, retirement funds, pensions, or death benefits \$ _____
- Y N Unemployment Benefits \$ _____
- Y N Disability payments \$ _____
- Y N Public assistance payments \$ _____
- Y N Temporary Assistance for Needy Families (TANF) \$ _____
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household \$ _____
- Y N Sales from self-employed resources \$ _____
- Y N Any other source not named above \$ _____
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

I certify my anticipated gross annual income for the next 12 months to be: \$ _____ (Total of all items in #2 above).

3. I will be using the following sources of funds to pay for rent and other necessities:

I will inform local government staff if my income changes during the period when I am receiving assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

_____ Signature of Applicant	_____ Printed Name of Applicant	_____ Date
_____ Signature of Witness #1	_____ Signature of Witness #2	
_____ Printed Name of Witness #1	_____ Printed Name of Witness #2	