

Self-Certification of Income Form

To be completed by each adult household member

Name: _____
Address: _____
Phone #: _____
E-mail: _____

1. I hereby certify that I have been negatively impacted by the COVID-19 Pandemic.
 I am underemployed or unemployed
2. I have received and/or will receive income from the following sources between March 1, 2020 and December 30, 2020: (Circle Y (yes) or N (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 between now and December 30, 2020.....	\$	_____

I certify my anticipated total gross income between March 1, 2020 and December 30, 2020 to be (total of Section 2): \$ _____

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

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

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Please explain your COVID-19 hardship:

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.

Printed Name

Date

Signature

FOR AN OATH OR AFFIRMATION

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and described before me this ____ day of _____, 2020

By _____

(Notary Seal)

Signature

Personally known or Produced Identification

Type of Identification produced

Name of Notary (Typed, Printed, Stamped)

****This document must be notarized***