

**TEMPORARY HOUSING
SELF-CERTIFICATION OF INCOME**

(For Use Only by Households Displaced by Hurricane _____)

(One form to be completed by **EACH ADULT** household member)

Household Name _____ Unit # _____

Development Name _____

1. _____ (Initial) I hereby certify that I am a victim of flooding or storm damage as a result of Hurricane _____.

I will receive income from the following sources over the next 12 months:

2. Circle Y (yes) or N (no) for each statement.

For each Y (yes) statement, provide the source and annual amount anticipated.

Wages from employment (including salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business)
Y N Source: _____ Annual Amount: \$ _____

Interest or dividends from assets
Y N Source: _____ Annual Amount: \$ _____

Social Security payments, Supplemental Security Income, Pensions, Military Retirement, etc.
Y N Source: _____ Annual Amount: \$ _____

Public Assistance Payments, TANF, General Assistance, Disability, etc.
Y N Source: _____ Annual Amount: \$ _____

Periodic Allowances such as Alimony, Child Support, Unemployment Benefits
Y N Source: _____ Annual Amount: \$ _____

Any other source not named above
Y N Source: _____ Annual Amount: \$ _____

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

3. _____ (Initial One) I certify that I have provided income documentation for all income sources (For example: W-2 Forms, Pay Stubs, Earnings Statements, etc.)

OR

I certify that I am unable to provide complete 3rd party verification or income documentation.

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

Therefore, I certify that my anticipated gross annual income for the next 12 months will be: \$ _____.

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 understands that providing false representations herein constitutes an act of fraud. I understand that false, misleading or incomplete information may result in the termination of my lease agreement.

Printed Name of Applicant Signature of Applicant Date

Printed Name of Owner/Agent Signature of Owner/Agent Date