TEMPORARY EMERGENCY HOUSING SELF-CERTIFICATION OF INCOME

(For Use Only by Individuals displaced from their primary residence which is or was located in an area that has been approved for Individual Assistance by FEMA as a result of a Major Disaster Declaration by the President)

(One form to be completed by **EACH ADULT** household member) Unit # Household Name **Development Name** 1. I hereby certify that I have been displaced as a result of a Major Disaster Declaration by the President. 2. I expect to receive income from the following sources over the next 12 months: Circle Y (yes) or N (no) for each statement. For each Y 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) Source: Annual Amount: Interest or dividends from assets Ν Source: Annual Amount: Social Security payments, Supplemental Security Income, Pensions, Military Retirement, etc. Source: Annual Amount: Ν Public Assistance Payments, TANF, General Assistance, Disability, etc. Annual Amount: Periodic Allowances such as Alimony, Child Support, Unemployment Benefits Source: Annual Amount: Any other source not named above Annual Amount: Source: 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 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

Signature of Owner/Agent

Printed Name of Owner/Agent

Date