

Self-Certification of Income

Instructions: Please **read this page, check the appropriate options** and **sign and date**.

If you do not have incomployment is closed form.				• •	
my household, incl	uding wages, on/social sec	tips, overtim urity and oth	ne, unemploym		come of all members of sistance, child support ources of income
Household Member Name	Date of Income	Source of Income	Amount of Income	Frequency of Income (monthly, biweekly, annual)	Contact info for the income provider
☐ If my current incor from any of the so		•	ousehold curre	ently has no income	of any kind including
Under penalty of perjudicurate to the best of constitutes an act of frany funds received the also give the DSHA an Revenue Service and the s	f my knowled raud. False, n rough the DE d its partners	dge. I further nisleading, or HAP Program s permission t	understand th incomplete in and other ren to obtain a cop	at providing false re formation may resu nedies available und y of any tax returns	presentations It in the repayment of der applicable law. I
Signature		— — Name			 Pate