CRF ASSISTANCE SELF-CERTIFICATION OF INCOME FORM
To be completed by each adult household member

Household Member:_____ Local Government:_____

Address:_____ Phone:_____ email:_____

1. ☐ I hereby certify that I have been negatively impacted by the **COVID-19** pandemic and am underemployed or unemployed.

2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):

Y N 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; **$**_____

Y N Interest or dividends from assets; **$**_____

Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits **$**_____

Y N Unemployment; $_____

Y N Disability payments; **$**_____

Y N Public assistance payments; **$**_____

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.

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

I certify my anticipated gross annual income for the next 12 months to be (Total of section 2): $_____.

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

Witness _____ Witness _____

or

FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and described before me this ____ day of _____, 20____, by _____.

(NOTARY SEAL) Signature_____

_____
Name of Notary (Typed, Printed, or Stamped)

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____