

CRF Assistance Self-Certification of Income Form

To be completed by each household member.

Household Member: _____ Local Government: _____

Address: _____

Phone number: _____ 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. Select y for yes or n for 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 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-employment 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 that 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.

CRF Assistance Self-Certification of Income Form Signature Page

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 subscribed before me this _____ day of _____,
20____, by:

_____ has produced _____.
(Owner Name) (Type of Identification)

(Notary Public Signature)

(Name of Notary typed, printed or stamped)

