



Income Certification Form COVID Rent Relief Program

To be completed by each adult household member who fits at least one of the below criteria:

- Has a cash income
- Does not have an income; or
- Does not have any documentation of income

Only one form needs to be completed per household.

Address: _____ Apt No. _____

City/State/Zip: _____

Full Names of all residents over 18 who live at this address and their Dates of Birth (mm/dd/yyyy):

#	First Name	Last Name	Date of Birth
1)			
2)			
3)			
4)			
5)			

Write the name or number for each adult household member, then indicate whether they receive an income, whether they are a full-time student, whether they receive a cash income without formal documentation, their monthly gross income and pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually). *Gross income is the total income earned before any taxes, insurance, or other deductions are taken out.*

Name or Number (#) used above	I do not receive income from any sources (y/n)	I am a full-time student (y/n)	I currently receive cash income and do not have 2020 taxes, current paystubs or other employer provided documentation. (y/n)	Monthly Gross Income (\$)	Pay Frequency (weekly, bi-weekly, monthly, etc)

Describe what each of you did to earn this money (be specific). Please also include how this is different than what you were earning before the COVID-19 pandemic (before March 13, 2020):

e.g. John Doe worked 40 hours/week at Sammy's Restaurant earning \$15/hour from January 2020 – April 2020. The restaurant cut him back to 20 hours/ week starting in May 2020 and closed for good in July 2020. John received unemployment August – November 2020 and began earning \$400/month at another cafe in December 2020.

I attest that the above information is true, correct, and complete to the best of my knowledge. I understand that submitting false, misleading, or incomplete information may result in denial of application and reclamation of any funds already provided. (Have all adults in the household sign in the box below.)

#	Signature	Date
1)		
2)		
3)		
4)		
5)		