



Income Certification Form COVID Rent Relief Program

To be completed by each adult household member who are claiming cash income, or zero income from any sources or do not have any alternative documentation of income.

Full Name: _____

Address: _____ Apt No. _____

City/State/Zip: _____

Date of Birth (MM/DD/YYYY): _____

Check the box that applies to your current income circumstances.

☐ I hereby certify that I do not receive income from any sources.

☐ I hereby certify that I am a full-time student.

☐ I hereby certify that I currently receive cash income and have not yet filed taxes for 2020 or other income that I do not have paystubs or am able to get documentation from my employer to confirm.

Monthly gross* income amount _____

Pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually) _____

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

Signature

Date

*gross income is the total income earned before any taxes, insurance, or other deductions are taken out of our pay.