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| SELF-INCOME CERTIFICATION FORM |
| Date: |       |
| Applicant Name: |       |
| Address: |       |
| Name of Business; |       |
| Date Business Opened: |       |
| Type of Business:  |  |
| Position / Occupation:  |  |
| Tax Payer ID # |  |

1. Past Net Monthly Income (average 3 months prior to COVID-19)
2. Reduction of Net Monthly Income due to COVID-19
3. Attach supporting bank statements

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| *Under penalty or 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 federal assistance.* |
| *Applicant – Head of Household**(Printed Name)*      | ***Applicant – Head of Household******Signature*** | ***Date:***      |