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

Name _____ City of Largo Case #: _____

Address_____ Phone #_____

_____ Email_____

City, State, Zip

1. ☐ I hereby certify that I or a member of my household have had an income loss caused by the **COVID-19** pandemic.

2. ☐ I am underemployed or unemployed.

Explain your COVID-19 related hardship: Include when the income loss started, where you work(/worked, and what type of reduction you had (ex. reduced hours, layoff, etc.). If you did not have an income loss, but another household member did, explain your current employment and add a brief explanation of the other household member's loss of income.

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

Y N Gross 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 **$**_____ Property Value **$** _____

Y N Cash value of all assets (checking, savings, CD, stocks, bonds) $_____

Y N Value of whole life insurance policies **$**_____

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

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

Y N Unemployment Benefits **$**_____

Y N Disability payments **$**_____

Y N Public assistance payments **$**_____

Y N Temporary Assistance for needy Families (TANF) **$** _____

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 housing and utility costs:

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

I will inform the City of Largo 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 # 1 Signature_____

Witness #1 Printed Name_____

Witness #2 Signature_____

Witness #2 Printed Name_____