



EMERGENCY HOUSEHOLD ASSISTANCE PROGRAM

Please download, complete and submit this with your La Porte Cares Application

Certification of Income due to COVID-19

I, _____ (name), do hereby declare that:

- My current income is \$ _____ (income per month). I have no documented proof of income.
- I am applying for assistance from the City of La Porte.
- My household consists of _____ (number) persons.
- My household income prior to the pandemic was _____ (income per month).

Reason for loss of income is:

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible and that I may be subject to prosecution for providing false or fraudulent information.

Name

Signature

Date

Reason for Self-Declaration (completed by City of La Porte staff)