



# EMERGENCY HOUSEHOLD ASSISTANCE PROGRAM

Please download, complete, and submit this with your application for all household members who do not receive income that are 18+.

## Self-Certification of No Income

Household Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

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I certify that I am currently not receiving any income, and am not entitled to receive any income, from any source.

I certify that I have **NO INCOME** from:

- Wages, salaries, overtime pay, commissions, fees, tips, or bonuses
- Net income from the operation of a business or from rental or real/personal property
- Interest, dividends, or other income from any kinds of real/personal property
- Social Security benefits, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other similar receipts
- Unemployment or disability compensation, workers' compensation, or severance pay
- Public assistance (other than Food Stamps)
- Alimony or child support payments (whether through the court system or not)
- Regular pay, special pay or allowance for members of the Armed Forces (whether or not living in the dwelling) (but not hostile fire pay)
- Regular monetary gifts from family and/or friends

I have not received income since: \_\_\_\_\_ (Date)

***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program and may be grounds for termination of assistance.***

***WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Remedies Act of 1986, 31 U.S.C. 3801-3812.***

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SIGNATURE

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DATE