



SELF CERTIFICATION

CHECK ALL THAT APPLIES:

- | | | |
|---|---|--|
| <input type="checkbox"/> New Employment | <input type="checkbox"/> Foster Care Payments | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Pension Income | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Family Contributions | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Self Employed | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Social Security | |

I, _____, hereby certify that I receive/pay \$ _____
(your name) (amount)

per _____ from/to _____
(day, week, month, etc.) (source of income/expense)

I, _____, hereby certify that I ***no longer*** receive/pay \$ _____
(your name) (amount)

per _____ from/to _____
(day,week,month,etc.) (source of income/expense)

WARNING! Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE**

TENANT SIGNATURE

ADDRESS

SOCIAL SECURITY NUMBER

DATE

