TEMPORARY EMERGENCY HOUSING
SELF-CERTIFICATION OF INCOME

(For Use Only by Individuals displaced from their primary residence which is or was located in an area that has been approved for Individual Assistance by FEMA as a result of a Major Disaster Declaration by the President)

(One form to be completed by **EACH ADULT** household member)

Household Name _____ Unit #_____

Development Name _____

1. I hereby certify that I have been displaced from my primary residence in the county of _____ which is located in an area that has been approved for Individual Assistance by FEMA as a result of a Major Disaster Declaration by the President.

2. I expect to receive income from the following sources over the next 12 months: **Circle Y (yes) or N (no)** for each statement. For each **Y** statement, provide the source and annual amount anticipated.

Y N Wages from employment (including salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business)
Source: _____ Annual Amount: $ _____

Y N Interest or dividends from assets
Source: _____ Annual Amount: $ _____

Y N Social Security payments, Supplemental Security Income, Pensions, Military Retirement, etc.
Source: _____ Annual Amount: $ _____

Y N Public Assistance Payments, TANF, General Assistance, Disability, etc.
Source: _____ Annual Amount: $ _____

Y N Periodic Allowances such as Alimony, Child Support, Unemployment Benefits
Source: _____ Annual Amount: $ _____

Y N Any other source not named above
Source: _____ Annual Amount: $ _____

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

I certify that my anticipated gross annual income for the next 12 months will be: $ _____.

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 understands that providing false representations herein constitutes an act of fraud. I understand that false, misleading or incomplete information may result in the termination of my lease agreement.

_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date
_____	_____	_____
Printed Name of Owner/Agent	Signature of Owner/Agent	Date