



## Information that must be included on your Self-Certification of Income form:



### 1. What was your income prior to COVID-19?

#### Examples:

- Prior to COVID-19, I was working as a childcare professional for Happy Kids, LLC 40 hours a week, making \$10.00 per hour.
- My gross income prior to COVID-19 was \_\_\_\_\_.  
(weekly/biweekly/monthly/annually/etc.)

### 2. How has COVID-19 affected YOU financially?

This is for you specifically, not the total household.

#### Examples:

- Job termination
- Lack of child care
- Etc.

### 3. What is your income now? Will this be increasing in the future? Do you have a date this will change? What will your income be at that time?

#### Examples:

- I am currently working as an Auto Technician for Mechanics, Inc. 20 hours a week, making \$10.00 per hour. I do not know when, or if, I will be working more hours in the future.
- I am currently unemployed and not receiving income of any kind. My company will reopen in September and I am contracted to work 40 hours per week at \$12.00 per hour at that time.

### 4. Have you applied for unemployment benefits?

#### Examples:

- I am currently receiving unemployment benefits of \$250 weekly
- I have applied for unemployment benefits but have not yet received a determination.
- I have applied for unemployment benefits but have been denied.
- I have not applied for unemployment benefits and I do not anticipate applying for them in the next 12 months.

### 5. What do you expect your income to be for the next 12 months? (This is from today forward.)

#### Example:

- My anticipated gross income for the next 12 months is \_\_\_\_\_.



**2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):**

- 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 rent and other necessities:**

\_\_\_\_\_  
\_\_\_\_\_

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

I will inform local government staff if my income changes during the period when I am receiving assistance.

Chapter 817 of the Florida Statutes provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under §775.082 or 775.083

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 ineligibility for benefits, action to recover any Program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement. The information provided is subject to verification by the county or eligible municipality.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Or

**FOR AN OATH OR AFFIRMATION:**

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by \_\_\_\_\_ (name of person).

\_\_\_\_\_  
Signature of the Notary Public

Personally Known \_\_\_ OR Produced Identification \_\_\_

\_\_\_\_\_  
Print, Type or stamp commissioned name of Notary

Type of Identification Produced \_\_\_\_\_