



CERTIFICATION OF INCOME STATEMENT

Applicant Name: _____

Address: _____

Phone: _____ Email: _____

Total number of family members in household (including yourself, spouse, children): _____

Household Members and Income (include applicant)

First Name	Last Name	Age	Monthly Income	Source (Wages, Social Security, Disability, etc.)*

Please provide income documentation. The following are acceptable forms of documentation:

- Printout from Social Security Office
- Most recent 2 pay stubs
- Most recent annual tax return
- Most recent retirement account/pension statement

Certification: I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State, and local law.

Signature of Applicant

Date