

DISASTER SELF- CERTIFICATION OF INCOME FORM
(Provided for use by Florida Housing Finance Corporation)
(To be completed by adult household members only, if appropriate.)

Household Name _____ Local Government Pasco County, Florida

1. I hereby certify that I am a victim of Hurricane Idalia
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 Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Y N Income from operation of a business;
 - Y N Rental income from real or personal property;
 - Y N Interest or dividends from assets;
 - Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Y N Unemployment or disability payments;
 - Y N Public assistance payments;
 - 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 (For example: Avon, Mary Kay, Shaklee, etc.);
 - 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.

Please explain any Y (yes) answers and list the annual amounts: _____

3. I certify that I have provided income documentation for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc); or
 - I certify that I am unable to provide complete: 3rd party verification or income documentation.
4. I will be using the following sources of funds to pay for rent and other necessities: _____

Therefore, I certify my anticipated gross annual income for the next 12 months to 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 understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant Printed Name of Applicant Date

FOR AN OATH OR AFFIRMATION:
STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and described before me this _____ day of _____, 20____, by _____.

(NOTARY SEAL)

Signature _____

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

