# [INSERT AGENCY NAME]

# CLIENT SELF-CERTIFICATION OF INCOME

**Instructions**: If annual income source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) **or** third-party verification (e.g., from an employer or government administrator) are not available, individuals or households may self-certify their expected income over the 3-month period following the income evaluation.

**Client Name or HMIS ID:** Date of Income Evaluation:

[ ]  I certify that I do not receive income from any source at this time.

[ ]  I certify that I currently receive income from the following source(s):

Source: Amount: Frequency (e.g., one-time, monthly):

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Source: Amount: Frequency (e.g., one-time, monthly):

Client Signature: Date:

**Staff Supplement**

I understand that collecting source documents or third-party verification are preferred methods of documenting annual income for an individual or household who is receiving housing assistance where rent or an occupancy charge is paid by the program participant. I understand self-certification is only permitted when I have attempted to but cannot obtain the source documents or third-party verification.

**Documentation of attempt(s) to obtain third-party verification**

Please list the attempts to obtain written or oral documentation of income from a relevant third party (e.g., employer, government benefits administrator):

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff’s Name: