

Georgetown Housing Authority
TEMPORARY
COVID – 19 SELF-CERTIFICATION OF INCOME/INCOME LOSS FORM

Date: _____

RESIDENT NAME: _____

ADDRESS: _____

PHONE # _____

EMAIL ADDRESS: _____

WE ARE REQUIRED TO VERIFY INCOME INFORMATION AND INCOME CHANGES FOR ALL RESIDENTS IN PUBLIC HOUSING/HCV PROGRAM. SELF CERTIFICATION DURING COVID-19 IS **TEMPORARY**. ALL ADULT HOUSEHOLD MEMBERS MUST CERTIFY THEIR CHANGE OF INCOME DURING THIS CRISIS BUT THEY MUST ALSO RE-CERTIFY IN THE NORMAL MANNER ONCE THE CRISIS HAS PASSED AND BUSINESS RESUMES TO NORMAL.

HOUSEHOLD MEMBER NAME (PLEASE PRINT)	LAST FOUR DIGITS OF SOCIAL SECURITY #	CURRENT TYPE OF INCOME CHANGE	UNEMPLOYMENT PRINT OUT: CLAIMANT HOME PAGE AND DETERMINATION HISTORY PAGE	SIGNATURE/DATE OF EACH ADULT IN THE HOUSEHOLD THAT HAS EXPERIENCED AN INCOME CHANGE

I _____ HEREBY CERTIFY THAT ALL MEMBERS OF MY HOUSEHOLD ARE PROVIDING ACCURATE INCOME INFORMATION.

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.