

EVICTION PREVENTION/RENTAL ASSISTANCE SELF- CERTIFICATION OF INCOME FORM

(Provided for use by the City of Hollywood)

To be completed by each adult household member

Household Member: _____ Local Government City of Hollywood, Fl.

Address: _____

Phone# _____ Email _____

- 1. I hereby certify that I have been negatively impacted by the COVID-19 pandemic.
- 2. I am underemployed or unemployed.
- 3. I hereby certify that my household did not and does not have liquid assets that exceed the benefit cap of the Assistance Program.

Explain your COVID-19 related hardship (**Must be completed or self-certification is invalid**):

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4. I will receive income from the following sources over the next **12 months**: (Check 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, insurance policies, retirement funds, pensions, or death benefits; \$_____
- Y N Unemployment Benefits (**FL Re-employment assistance maximum**) \$_____
- Y N Disability payments; \$_____
- Y N Public assistance 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 (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.

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

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 City of Hollywood.

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|---------------------------------|------------------------------------|---------------|
| _____ Signature of Applicant | _____ Printed Name of Applicant | _____ Date |
| _____ Signature of Witness | _____ Printed Name of Witness | _____ Date |
| _____ Signature of Witness | _____ Printed Name of Witness | _____ Date |

Note: You must have TWO witnesses sign and print their name with the same date as the applicant signs this form or the self-certification will be invalid. Witnesses must NOT be part of the household.