

Income Self-Attestation Form



The Rebuild Florida Workforce Recovery Training Program (Program) requires that income sources be verified and documented. Complete the information below only if you have no other way to document your income. Upon completion, submit this form to the appropriate subrecipient. **If you do not have any income sources, do NOT complete this form. You must complete the Zero-Income Certification Form. Check with the appropriate program partner to receive the correct form.**

I, _____, have applied for or am a part of the household that applied for assistance under the Program. I understand that Program regulations require verification of all income sources from household members 18 years of age or older.

JUSTIFICATION FOR SELF-ATTESTATION <i>Please check all that apply*</i>	
<input type="checkbox"/> I get paid in cash.	<input type="checkbox"/> I do not get pay stubs.
<input type="checkbox"/> I do not get pay checks.	<input type="checkbox"/> I cannot get a letter from my employer.

INCOME INFORMATION			
Cash income	\$	How often (weekly, monthly, etc.)	
Employer			
Employer Address			

I certify that I have no other way to document my income. I understand that any misrepresentation of information or failure to disclose information requested on this form could disqualify the household from being eligible for the Program. I also understand that this self-attestation may be subject to further verification by the U.S. Department of Housing & Urban Development, the Program or any other State or Federal agency. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. **WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

I certify that the above information is true and correct.

Check One:

- PARTICIPANT APPLICANT**

 HOUSEHOLD MEMBER

Printed Name

Signature
Date

STAFF VERIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

Printed Name

Signature
Date