



**Self-Certification of Loss of  
Income Form**

**Head of Household Information:**

<b>First Name:</b>	<b>Last Name:</b>
Date of Birth:	Last 4 of SS#:

**Name of household member self-certifying loss of income:**

First Name:	Last Name:
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**Former Employer Information:**

Employer Name:	Last Day Worked:
Address Line 1:	City:
Phone Number:	State:                      Zip Code:

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

<b>Signature of Member Self-Certifying if other than Head of Household</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**WARNING:** Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a Property Owner may be subject to penalties that include fines and/or imprisonment.