

Lancaster County Rental Assistance Program

Employment and Income Certifications

Head of Household Name: _____
Address: _____

Contact phone: _____
Application Username: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

COMPLETE ALL SECTIONS THAT APPLY TO YOUR HOUSEHOLD

Attestation of COVID impact

I, _____ (applicant name), attest that my household has experienced a reduction in income, directly or indirectly to COVID-19 that threaten the household's ability to pay the costs of the rental property and/or utility(ies) when due.

Signature: _____ **Date:** _____

I, _____ (applicant name) attest that my household has incurred significant costs, or experienced other financial hardship (please explain below) due directly or indirectly to COVID – 19 that threaten the household's ability to pay the costs of the rental property and/or utility(s) when due.

The other financial hardship my household experienced is: _____.

Signature: _____ **Date:** _____

Certification of Unemployment Compensation

I, _____ (applicant name) attest that individual(s) in my household is/are eligible to receive unemployment benefits.

Signature: _____ **Date:** _____

I, _____, certify that I am not receiving any unemployment benefits at this time. I understand that if I begin receiving any type of unemployment benefits, I must report that to the Housing Authority.

Signature: _____ **Date:** _____

Certification of Employment ending (if applicable)

I, _____, certify that my employment with _____
located at: _____ ended on _____.

Signature: _____ **Date:** _____

Certification of Self-Employment

I, _____, earn \$_____ per month as self-employment income.

Please explain the type of self-employment: _____

Signature: _____ **Date:** _____

Certification of Zero Income

1. I, _____, hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property
- d. Interest or dividends from assets;
- e. Social security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons no living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Tupperware, etc.)
- j. Any other source not named above.

2. I currently have no income of any kind.

3. I will be using the following sources of funds to pay for rent and other necessities:

4. I will notify the Lancaster County Housing Authority immediately if any changes occur in my income (i.e., begin receiving social security, SSI or public assistance benefits; obtain employment; etc.)

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 fraud.

Signature of Applicant/Tenant

Printed Name

Date