

HSH Permanent Housing Application

Form D: Income Certification [to be completed by Client and Staff]

Section 1. Income Questionnaire

#	Source of Income	Yes	No	Monthly Income (gross)
1	Employment. I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and or other compensation.	<input type="checkbox"/>	<input type="checkbox"/>	
	List businesses and/or companies that pay you:			
	1.			\$
	2.			\$
	3.			\$
2	Self-employment. I am self- employed.	<input type="checkbox"/>	<input type="checkbox"/>	\$
	List nature of employment:			
3	Unemployment. I receive unemployment benefits.	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	Retirement, etc. I receive periodic payments from retirement funds or pensions, trusts, annuities, inheritance, insurance policies, or lottery winnings.	<input type="checkbox"/>	<input type="checkbox"/>	
	List sources:			
	1.			\$
	2.			\$
	3.			\$



#	Source of Income	Yes	No	Monthly Income (gross)	
5	Monetary Support. I receive cash contributions of gifts, including rent or utility payments, on an ongoing basis from persons not living with me.	<input type="checkbox"/>	<input type="checkbox"/>	\$	
6	Other income. I receive income from real or personal property.	<input type="checkbox"/>	<input type="checkbox"/>	\$	
7	Public Assistance. I receive Public (ex. CalWorks, General Assistance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
8	Social Security (SSA & SSDI). I receive periodic Social Security payments.	<input type="checkbox"/>	<input type="checkbox"/>	\$	
9	Disability (LTD and STD – [EDD SDI]). I receive disability or death benefits, other than Social Security.	<input type="checkbox"/>	<input type="checkbox"/>	\$	
10	Supplemental Security Income (SSI). I receive Supplemental Security Income.	<input type="checkbox"/>	<input type="checkbox"/>	\$	
11	Veterans Benefits. I receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income.	<input type="checkbox"/>	<input type="checkbox"/>	\$	
12	Child Support. I am entitled to receive child support payments.	<input type="checkbox"/>	<input type="checkbox"/>		
	I am currently receiving child support from the following persons:	<input type="checkbox"/>	<input type="checkbox"/>		
	1.				\$
	2.				\$
	3.				\$
	I am currently making efforts to collect child support owed to me, as follows (list efforts):	<input type="checkbox"/>	<input type="checkbox"/>		



#	Source of Income	Yes	No	Monthly Income (gross)
13	Alimony/Support. I receive alimony/spousal support payments.	<input type="checkbox"/>	<input type="checkbox"/>	\$
14	Unearned Income (from minor). The household receives <u>unearned</u> income from family members aged 17 or under (example: Social Security, Trust Fund disbursements, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	\$
15	School. A member of my household receives student financial aid (public or private). Do not include student loans and/or student stipends as student financial aid. [NOTE: this only needs to be included as income for households receiving Section 8 Assistance and for buildings with CTCAC financing, for Continuum of Care, financial aid is not considered income, however, documentation is required, see instructions.]	<input type="checkbox"/>	<input type="checkbox"/>	\$ [to be estimated by PSH provider]
16	Unreimbursed/Eligible Expenses. Includes medical expenses/disabled (or handicapped)/child care expenses. Refer to HUD 4350 for a list of eligible expenses. [NOTE: this is applicable to HUD Section 8 PBV units. Non-reimbursed eligible medical/disabled (or handicapped)/child-care expenses must be in excess of 3% of gross annual income to be considered.]	<input type="checkbox"/>	<input type="checkbox"/>	\$ [to be estimated by PSH provider]
Total Monthly Gross Income [to be completed by Staff]:				\$

Section 2. Certifications		
Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.		
Printed Name of Client:		
Signature of Client:		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date:

Section 3. Declaration of Zero Income [optional]		
I have reviewed the Income Questionnaire and I declare that I do not have income from any of the sources listed in Section 1, lines 1-16, or from any other sources.		
Printed Name of Client:		
Signature of Client:		Date:
Staff (Printed Name):	Title:	Organization:
Staff (Signature):		Date: