

Income Application/Self-Certification Form

Washington County

This form is to be used to capture income, documented or stated, and also serves to support any stated income with self-certification.

Best ways to document income:

- Previous 12 months of income
- "Snapshot" of current 30 days income (at time of assessment)
- Previous full month of income
- a federal or state award letter dated after December 31, 2023, (Categorical Eligibility), and a case worker acknowledgment, in instances that a social services caseworker of the sub recipient or other recognized Washington County nonprofit, sub recipient may rely on an attestation from a caseworker or other professional with knowledge of a household's circumstances to certify, that an applicant's household income qualifies for assistance.

The following are also acceptable means of documenting income but require new income supporting documentation for future rent payments or when 90 days has passed from the date of the most recent application. Any additional (later) payments on behalf of the household require the household to meet all initial application requirements, which primarily include program eligibility, income eligibility, rent burden, and any other household information that has changed since the previous application.

Additional ways to document income;

- paystubs covering a full 30 day period
- most recent 30 days trial balance or business check register, for self-employed,
- current year social security award or benefit statement,
- disability determination, state or federal,
- unemployment award, check, deposit, benefit statement,
- workman's comp award, check, deposit, benefit statement,
- self-certification.

The subrecipient must request and capture all income supporting information and documents that are immediately available.

INCOME DETERMINATION AND CERTIFICATION (please check applicable)

- ☐ Not all income generating household members have required income documentation immediately available and those that do have provided or will shortly provide said documentation
- ☐ No applicable household members have required income documentation immediately available
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- ☐ My/our Total Annual Household Income is _____
- ☐ I am the applicant and I claim Zero Income (Zero Income Statement is required separately)
- ☐ I am a household member 18 years of age or over and I claim Zero Income. Name: _____
- ☐ I am a household member 18 years of age or over and I claim Zero Income. Name: _____
- ☐ I am a household member 18 years of age or over and I claim Zero Income. Name: _____
- ☐ Applicant attests by hand or electronic signature below, on behalf of all household members, that the income information provided herein is accurate, to the best of their knowledge.
- ☐ Applicant is unable to attest by hand or electronic signature below, on behalf of all household members, that the information provided herein is accurate, to the best of their knowledge, due to;
- ☐ *not having the technology to immediately provide required documents or a penned/electronic signature.*
- ☐ *having a disability and unable to immediately provide required documents or a penned/electronic signature.*
- ☐ Caseworker attests, below, that the household meets income eligibility requirements.

Number of household members: _____ / Number of household members 18 years of age or older: _____ Check

mark all applicable types of income for all household members:

☐ Wage/Salary ☐ Soc Security ☐ Workers Comp ☐ Disability ☐ Self-employment ☐ Other income

List income documents provided: _____

Applicant's Name Applicant's Signature (if immediately available) Date

WARNING: The information provided on this form is subject to verification by the Treasury Department at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. **(must be read to the applicant if applicant is unable to review)**

Interviewer's Name Interviewer's Signature Date

Caseworker's Name Caseworker's Signature & Org Acronym Date

Notes: _____