

**LAKE COUNTY EMERGENCY RENTAL ASSISTANCE
INCOME CERTIFICATION**

Form to be completed by Head of Household and signed by all adult household members if the household is verifying undocumented income.

Head of Household: _____ Date: _____

Applicant: _____ Application Number: _____
(for Office Use Only)

***Acknowledgement: By typing your initials or name below, you acknowledge and agree that this represents your signature and you are attesting to all information being provided on this form.**

1. I/ we hereby certify that I/ we individually receive income from undocumented sources:

Weekly _____ or
Monthly _____ or
Annually _____

Source of Income

Initials

2. I/we currently have income and there is no imminent change expected in my financial status or employment status during the next 12 months.

Initials

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 the termination of and the required repayment of any and all benefits received through the Indiana Emergency Rental Assistance Program.

Printed Name of Applicant/Tenant *Signature of Applicant/Tenant Date

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