3.6 NC ESG CLIENT’S CERTIFICATION OF INCOME

(Required for clients receiving Homelessness Prevention assistance at program entry and every three (3) months, and Rapid Rehousing assistance at annual recertification. MUST obtain from all adult members of the household that are 18 years or older. This form should only be used as a last resort, if third party documentation cannot be obtained.

ESG Client Name: ____________________________________________
ESG HMIS/Comparable Database # ________________________________

This is to certify the income status for the above-named individual. Income includes but is not limited to:

☐ Earned income (wages, salaries, net income from operating of a business or profession)
☐ Interest and dividend income
☐ Pension/retirement income
☐ Unemployment and disability
☐ TANF/Public Assistance
☐ Alimony and child support income
☐ Regular contributions or gifts from organizations or persons not residing in the dwelling
☐ Armed forces income
☐ Any other income included in the HUD Handbook 4350.3, REV-1, Chapter 5, Exhibit 5-1

Check only one box and complete only that section

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____________________________ Amount: __________ Frequency: __________
Source: _____________________________ Amount: __________ Frequency: __________
Source: _____________________________ Amount: __________ Frequency: __________

ESG Client Signature: ____________________________ Date: ________________

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

ESG Client Signature: ____________________________ Date: ________________

Staff Verification

I understand that third-party verification is the preferred method of certifying income for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

________________________________________________________________________________________

________________________________________________________________________________________

Staff Signature: ____________________________ Date: ________________