

**Certification of Categorical Income Eligibility  
Ramp Up Indiana Program**

**\*A separate form must be completed by each adult member of the household.**

Name: \_\_\_\_\_

I certify that I am a beneficiary of the following programs:

YES \_\_\_\_\_ NO \_\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)

YES \_\_\_\_\_ NO \_\_\_\_\_ Healthy Indiana Medicaid Plan (HIP)

YES \_\_\_\_\_ NO \_\_\_\_\_ Supplemental Security Income (SSI)

YES \_\_\_\_\_ NO \_\_\_\_\_ Temporary Assistance for Needy Families (TANF)

**Under penalties of perjury, I certify that the information presented in this Certification is true and accurate to the best of my knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.**

*Tenant Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

