<Date>
<Name>
<Address>

Dear Housing First Program participant,

Due to the ongoing COVID-19 emergency, IHCDA has suspended the requirement for income verification documentation for the Housing First Program. Alternatively, participants must self-certify their income through the attached form.

If it is found that a participant provided false information through this self-certification process the participant may be required to enter into a repayment agreement for the amount of assistance they received beyond what they were entitled to under program regulations. Additionally, the participant may be terminated from the program.

If you would like to opt out of self-certifying your income you may submit documentation of your income as you normally would.

Sincerely,

<Recipient>

Exhibit A

COVID-19 Income Self-Certification

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Telephone Number: _____

Telephone Number: _____

E-mail Address _____ ☐ I would like to receive correspondence via e-mail.

Part 1: Asset Information

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

Account Holder	Type of Account	Account Number	Current Balance	Account Status (Open or Closed)
			$	
			$	
			$	
			$	
			$	

Exhibit A

Covid-19 Income Self-Certification Form

Part 2: Income Information

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

Member Name	Income Type (from above list)	Monthly Income	Income Source
		$	
		$	
		$	
		$	
		$	
		$	

Part 3: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ _____

Head of Household Date

Attach Additional Sheets if Necessary

Exhibit A