

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

***A separate form must be completed by each adult member of the household. Grantee must obtain verification that household member is enrolled in qualifying benefit program (e.g., benefit letter or card).**

Name: _____

I certify that I am a beneficiary of the following programs. Check all that apply:

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)

YES ____ NO ____ Special Supplemental Nutrition for Women, Infants, and Children (WIC)

YES ____ NO ____ Low Income Home Energy Assistance Program (LIHEAP)

YES ____ NO ____ Low Income Household Water Assistance Program (LIHWAP)

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.

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.

