

**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 program(s). Check all that apply:

YES _____ NO _____ SNAP (Supplemental Nutrition Assistance Program)

YES _____ NO _____ HIP (Healthy Indiana Medicaid Plan)

YES _____ NO _____ SSI (Supplemental Security Income)

YES _____ NO _____ TANF (Temporary Assistance for Needy Families)

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

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

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.

