



# Self-Certification Form: No Income Sources

Head of Household Name \_\_\_\_\_ Client Number \_\_\_\_\_

**This Self-Certification form is to certify that the loss of income I am reporting has/will not be replaced by any other source of income.**

I, \_\_\_\_\_, am self-certifying that I am not receiving income from the following sources:  
(Name of Household Member)

- I am not being paid any compensation from my employer such as paid time, or vacation leave
- I am not receiving any state aide, such as state disability, unemployment benefits, or paid family leave.

Please indicate whether you have or will apply for unemployment benefits.

- I have applied for unemployment benefits.  
**(Please provide unemployment award statement)**
- I plan on applying for unemployment benefits.  
**(Please apply and provide the unemployment award statement)**
- I have/will not be applying for unemployment benefits  
**(If you do apply once the interim has been completed, be advised that this may cause an overpayment of subsidy on your behalf and you will be subject to repayment.)**

**Penalties for committing fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. The following may occur if you provide information that you know is false or incomplete:**

- Termination from the program
- Imprisonment for up to five (5) years
- Repayment for overpaid rental assistance you received
- Fine of up to \$10,000
- Disqualification from receiving future assistance

**By signing below, I am certifying that I have completed the Self-Certification Form and that the information I have provided is true and complete. I understand that if my employment resumes or I receive new income I will submit verification of the income to OHA within 10 days.**

Household Member Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_