

# ESG SELF-CERTIFICATION OF INCOME

Required for clients receiving **Homelessness Prevention** assistance at program entry and every three (3) months, and **Rapid Rehousing** assistance at annual re-evaluation. MUST obtain from all adult members of the household that are 18 years or older. **This form should only be used as a last resort, if third party documentation cannot be obtained.**

<p><b>Check one:</b></p> <p><input type="radio"/> Initial</p> <p><input type="radio"/> 3-month</p> <p><input type="radio"/> 6-month</p> <p><input type="radio"/> 9-month</p> <p><input type="radio"/> 12-month</p> <p><input type="radio"/> Other: _____</p>
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ESG Client Name: \_\_\_\_\_

ESG HMIS/Comparable Database # \_\_\_\_\_

This is to certify the income status for the above-named individual. Income includes but is not limited to:

- Earned income (wages, salaries, net income from operating of a business or profession)
- Interest and dividend income
- Pension/retirement income
- Unemployment and disability
- TANF/Public Assistance
- Alimony and child support income
- Regular contributions or gifts from organizations or persons not residing in the dwelling
- Armed forces income
- Any other income included in the [HUD Handbook 4350.3, REV-1, Chapter 5, Exhibit 5-1](#)

### Check only one box below and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

ESG Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify, under penalty of perjury, that I do not have any income from any source at this time.

ESG Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Staff Verification

I understand that third-party verification is the preferred method of certifying income for ESG assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_