

**Imperial County Coronavirus Relief Fund Program**

**SELF-CERTIFICATION of Income for**

City of /  Town of /  County of \_\_\_\_\_ **DOF Funded Activity**

Name of Public Service: \_\_\_\_\_

*Page 1 to be filled out by Participant*

**Part I: Confidential Participant / Beneficiary Demographic Information**

(This section is voluntary.)

<b>Ethnicity (Select One)</b>		<input type="checkbox"/> <b>Not Hispanic</b>	<input type="checkbox"/> <b>Hispanic</b>
<b>Race (Select One)</b>			
<input type="checkbox"/> White	<input type="checkbox"/> Am. Indian/Alaskan Nat. & White		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White		
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White		
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Am. Indian/Alaskan & Black/African		
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/> Other Multi-Racial		
<b>Other Demographic Data (Select all that Applies)</b>			
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Single / Non Elderly		
<input type="checkbox"/> Participant Disable	<input type="checkbox"/> Related/Single Parent		
<input type="checkbox"/> Veteran	<input type="checkbox"/> Related/Two Parent		
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other (_____)		

**Part II: Confidential Participant / Beneficiary Income Certification**

(Must be completed and signed prior to providing public service.)

My total family size consists of \_\_\_\_\_ members, and the total gross annual income\* for all adult members is \$\_\_\_\_\_.

\*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

**Participant / Beneficiary Information:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Physical Home Address:** \_\_\_\_\_, (City) \_\_\_\_\_

Imperial County Coronavirus Relief Fund Program

SELF-CERTIFICATION Verification

City of /  Town of /  County of \_\_\_\_\_ for DOF Funded Activity

Page 2 to be filled out by Program Operator

**Public Service Information:**

Name Public Service(s): \_\_\_\_\_

Name of Agency Providing the Public Service: \_\_\_\_\_

Address where Public Service is being provided: \_\_\_\_\_

Program Service Area:  City -Or-  County -Or-

**Participant / Beneficiary Family Income and Location Verification:**

Family is:

1-3 persons with an income of \_\_\_\_\_ (eligible: Yes \_\_\_\_\_ No \_\_\_\_\_)

4-more persons with an income of \_\_\_\_\_ (eligible: Yes \_\_\_\_\_ No \_\_\_\_\_)

*Program Operator must:*

- 1) Determine if applicant meets program income limits
- 2) Include the copy of applicant ID, release of information form, electrical bill due, and proof of program eligibility.

Name of Participant / Beneficiary: \_\_\_\_\_

***Program Operator Certification:*** I certify that the Participant / Beneficiary demographic data and public service information is true and correct, to the best of my knowledge. I certify that the income shown above is true and correct. I certify that Participant / Beneficiary residency status is true and correct, per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.

**Note:** This completed certification, whether Beneficiary was assisted or not, must be maintained in the Program file for review at time of monitoring.

Printed Program Operator Name (printed)

Job Title

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Eligibility is valid until (three years after signed certification) Date: \_\_\_\_\_