Version 082720-0944

COLLIER CARES ASSISTANCE SELF-CERTIFICATION OF INCOME AND HARDSHIP FORM

Applicant: _____

Address: _____

1) **I Hereby Certify** that my total income from all sources is:

Check one ☐ Less than $75,000 per year for single tax filers; or

☐ Less than $150,000 per year for joint tax filers

2) **I Hereby Certify** that I have been negatively impacted by the **COVID-19** pandemic and am underemployed or unemployed.

Check one ☐ Yes

☐ No

I will inform local government staff if my income changes during the period when I am receiving assistance. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

I understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83. I further understand that any willful misstatement of information will be grounds for disqualification. I certify that the information provided is true and complete to the best of my knowledge.

_____ _____ _____

Signature of Applicant Printed Name of Applicant Date

Witness 1) _____ Witness 2) _____

Printed name_____ Printed name_____

or

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA

COUNTY OF_____

Sworn to (or affirmed) and described before me this____ day of _____, 20___, by _____.

(NOTARY SEAL)

Signature_____

_____

Name of Notary (Typed, Printed, or Stamped)

Personally Known _____OR Produced Identification_____

Type of Identification Produced_____