

**U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Income Eligibility Calculator**

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on:

Effective Date:

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040
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Beneficiary Information

Last Name: <u>Doe</u>	Beneficiary ID:
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Member Information

First Names:	Member IDs:	HH	CH	DIS	62+	S≥18	<18	<15
<u>Jane</u>	<u>123-45-6789</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Contact Information

Address Line 1: <u>123 Main St.</u>	City: <u>Lexington, KY</u>
Address Line 2:	State: _____ Zip Code: <u>40505</u>

Income Information

* Annual gross income (total of all members) = \$ 0.00

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

* If the client has any source of income you will need to attach that on the application where it states to attach pay stubs / Proof of source of income

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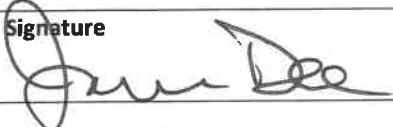
I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on:

Effective Date:

Beneficiary ID:

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
	Jane Doe	9-30-24

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.



Recovery Supportive Living Assistance (RSLA) Duplication of Benefits Form (Landlord)

Date: 9/30/24

Please complete the following information regarding your current resident who has applied for Recovery Supportive Living Assistance.

Thank you,

Carmen Combs Marks, SUDI Coordinator

Owner/Operator Name: Fred Jones

Agency/Program Name: Fresh and Clean

Phone Number: (859) 257-1234 Email: FJ123@gmail.com

Resident Name: Jane Doe

Property Address: 123 main st. Lexington KY

- I/we have **not** received **any** insurance or other assistance for loss of rent from another agency to cover cost for the above resident in the past 12 months FJ (Initial)
- I/we have **not** received **any** funding assistance for rent from another agency to cover cost for the above resident in the past 12 months FJ (Initial)
- I/we have received funding assistance from the following agencies to assist our resident in the past 12 months _____ (Initial)

Please list name of all organizations and amount received:

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete disclosure. I understand that falsifying information in order to help another obtain assistance is a fraudulent offense for which I can be prosecuted.

Owner/Landlord/Agent Name: Fred Jones Date: 9/30/24

Signature: [Handwritten Signature]





Recovery Supportive Living Assistance (RSLA) Duplication of Benefits Form (Resident)

Date: 9/30/24

Resident Name: Jane Doe

Please mark the box below regarding any prior assistance.

- I have **not** applied and or received funding assistance from other agencies to assist with my sober living fees/rent in the last 12 months.

JD (Initial) _____ (Initial)

- I have applied and or received funding assistance from the following agencies to assist with my sober living fees/rent in the last 12 months.

_____ (Initial) _____ (Initial)

Please list name of all organizations and amount received:

Name: _____

Requested \$ _____ Requested \$ _____ Date Received: _____

Name: _____

Requested \$ _____ Requested \$ _____ Date Received: _____

Name: _____

Requested \$ _____ Requested \$ _____ Date Received: _____

- Are there any applications pending from other agencies: Yes or No (IF yes name of agency and date applied) NO

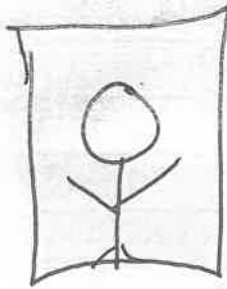
CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete funding disclosure. I understand that providing false information is not acceptable and may be looked at as a fraudulent offense for which I can be prosecuted.

Client Signature: Jane Doe



Jane Doe 9/30/24

Kentucky Identification



Jane Doe
123 Main St
Lexi, KY 40505

Jane Doe

* If the Identification has a different address that's fine. Please use sober living address for all application documents.