



**RENTAL ASSISTANCE FOR MISSISSIPPIANS  
EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM  
INCOME CERTIFICATION FORM**

This form must be completed by each household member over the age of 18 years old who (1) is claiming the household's income, or a portion thereof, is not verifiable due to the impact of COVID-19, (2) receives cash income; or (3) has no income.

Income includes, but is not limited to, the following: wages, salaries, overtime pay, commissions, fees, tips, bonuses, or other compensation for personal services; net income from the operation of a business or profession; interest, dividends, capital gains or other net income of any kind from real or personal property; social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or other types of similar periodic receipts; unemployment benefits, disability compensation, worker's compensation, or severance pay; welfare assistance payments; periodic and determinable allowances, including alimony or child support payments and regular contributions or gifts received from organizations or from persons not residing in the household; and regular pay, special pay or allowances of a member of the armed forces.

First Name	Last Name	MI		
Street Address	Apt No.	City	State	Zip

Check the box(es) that applies to your income circumstances:

I hereby certify that I am unable to provide verification of my income, or a portion thereof, due to the impact of COVID-19.

Describe how the impact of COVID-19 prevented you from providing verification of income (be specific):

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I hereby certify that in 2020 I did not receive any income.

I hereby certify that I do not currently receive income from any sources.

I hereby certify that I receive cash income or earned cash income in 2020.

Cash income amount: \$\_\_\_\_\_

How often do you receive this amount?

- Daily
- Weekly
- Bi-monthly
- Monthly
- Annually

Describe what you did to earn this cash income and the time period you earned this income (be specific):

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If this certification is completed by a caseworker or other professional with knowledge of the household's circumstances, please provide your:

First Name	Last Name	Relation to Household Member

Describe the circumstances that required this form to be completed by casework or other professional with knowledge of the household's circumstances (be specific):

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Under penalty of perjury, I attest that the information presented in this written attestation is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to repay any funds received through the ERA program and/or other penalties or remedies available under applicable law. I also give the ERA program, MHC, and their program partners permission to obtain a copy of my tax returns from the Internal Revenue Service or Mississippi Department of Revenue and/or any other income verification information that is necessary and that can be acquired from any Federal or State agency in order to confirm the above.

I further understand that my household income will be reassessed every three months in order to continue participating in the program because I am submitting a written attestation without further documentation. I understand that the Emergency Rental Assistance Program is relying upon this attestation to determine whether my household is eligible for the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.