



Income Certification Form

Emergency Rental Assistance Alabama Program

To be completed by adult household members who are claiming cash income, or zero income from any sources.

Full Name: _____

Address: _____ Apt No. _____

City/State/Zip: _____

Check the box that applies to your current income circumstances.

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

I hereby certify that I currently receive cash income and have not yet filed taxes for 2020.

Cash income amount _____

Pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually) _____

Describe what you did to earn this money (be specific):

I attest that the above information is true, correct, and complete to the best of my knowledge. I understand that submitting false, misleading, or incomplete information may result in termination of participation in the Program.

Signature

Date