



JEFFERSON PARISH

EMERGENCY RENTAL ASSISTANCE PROGRAM

Self-Income Certification Form

Date: _____

Last Name: _____ MI: _____ First Name: _____

Address: _____ Jefferson Parish: _____ State: _____ Zip Code: _____

Name of Business: _____

Date Business Opened: _____

Type of Business: _____

Position / Occupation: _____

Tax ID #: _____

1. Monthly Gross Income \$ _____

2. Reduction of Monthly Income due to COVID-19 _____

3. Attach supporting Documents Two recent check stubs year to date. (if applicable).

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 and can result in federal, civil and/or criminal penalties.

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member (if applicable)

Date