

**CITY OF BOCA RATON CORONAVIRUS RELIEF FUND (CRF) ASSISTANCE  
SELF-CERTIFICATION OF INCOME FORM**

Each member of the household age 18 and older must complete a separate self-certification of income form.

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

1. I hereby certify that I have experienced the following financial hardship(s) as a result of the **COVID-19** pandemic (please check all that apply):

Unemployed as a result of business closure     Laid off/furloughed     Reduction in hours

Other (Explain) \_\_\_\_\_

Explain your COVID-19 financial-related hardship (Include specific information regarding changes in employment, changes in employment hours, dates of occurrence, types of changes to household income, dates and types of hardships, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. I will receive income from the following sources over the next 12 months (check Y or N). **When completing this section, use monthly amount and multiply by 12 to calculate annual income:**

Y  N Gross wages from employment (commissions, tips, bonuses, fees, etc.) \$ \_\_\_\_\_

Y  N Net income from operation of a business \$ \_\_\_\_\_

Y  N Rental income from real or personal property \$ \_\_\_\_\_ Property Value \$ \_\_\_\_\_

Y  N Cash value of all assets (checking, savings, CD, stocks, bonds) \$ \_\_\_\_\_

Y  N Value of whole life insurance policies \$ \_\_\_\_\_

Y  N Interest or dividends from all assets \$ \_\_\_\_\_

Y  N Payments from Social Security, annuities, retirement funds, pensions, or death benefits  
\$ \_\_\_\_\_

Y  N Unemployment Benefits \$ \_\_\_\_\_

Y  N Disability payments \$ \_\_\_\_\_

Y  N Public assistance payments \$ \_\_\_\_\_



