

**CITY OF BOCA RATON COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS (CDBG-CV)  
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

COVID-19 related medical hardship of  myself     a family member or dependent

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

Explain your COVID-19 financial-related hardship (Include specific information regarding changes in employment or hours, dates of occurrence, types of changes to household income, dates and types of medical or other COVID-19 related 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 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 \$ \_\_\_\_\_

Y     N Periodic allowances such as alimony, child support, or gifts received from persons not  
living in my household \$ \_\_\_\_\_

Y     N Any other source not named above \$ \_\_\_\_\_



Y  N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. List any additional sources of income that you will use to pay for housing expenses and/or other necessities (if applicable):

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**I certify my anticipated gross annual income (total of Section 2) for the next 12 months to be:**

**\$\_\_\_\_\_.**

**I certify that the number of people in my household, including myself, all adults and all minors is**

**\_\_\_\_\_.**

I will inform City staff if my income or household size changes during the period when I am receiving assistance.

I certify that the information provided on this form is complete and accurate to the best of my knowledge and belief under penalty of perjury. My signature below authorizes the City of Boca Raton to obtain income, asset or housing payment obligation information as required to determine eligibility for the CDBG-CV program. I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided are a matter of public record. Florida Statue 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and punishable by fines and imprisonment provided under S 775.082 or 775.083.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Witnesses (cannot be household member and does not need to be a notary)

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

