



INCOME CERTIFICATION FORM

Form must be filled out and signed by the applicant and the federal, state or local income assistance agency before submitting to GRU. Assisting agencies may include: Neighborhood Housing & Development Corporation (NHDC), North Central Florida Community Action Agency (NCFAA) or the Department of Children & Families (DCF).

Name: _____ Case Number: _____(if any)

Address: _____

Recipient Statement Section

The information provided to _____ (name of assisting agency) was used to determine income eligibility. I/we have provided, for each person, household information, acceptable verification of current annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

Signature

Date

Signature

Date

WARNING: 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 is punishable by fines and imprisonment provided under S 775.082 or 775.83.

Program Administrator Statement Section

Based on the representations, and upon the proofs and documentation submitted, the family or individual(s) named above is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, as Moderate (income does not exceed 80% of the area median income) or Low Income Households.

Verification is based upon the 2009 (year) income limits for Gainesville Metropolitan Statistical Area (MSA) or Alachua County, Florida.

Signature of Program Administrator
(or His/Her Designated Representative)

Date

Print Name

Phone Number

Title

Household Size: _____
Income: _____
% MSA: _____