



**Self-Certification of Income Form**

The following fields must be completed by each household member that is 18 or older who did not provide proof of current enrollment in SNAP, Medicaid or with the Tallahassee Housing Authority for Section 8 Housing. Additional instructions for completing this form is provided on Page 2. Please upload the completed and signed form as an attachment to your application in the Leon CARES Portal.

For Primary Applicants, please check the box for Primary Applicant, enter your name and provide your anticipated gross annual income. For each household member that is 18 or older, please check the box for Household Member, enter both the Household Member’s name and Primary Applicant’s name in the space provided below, and provide the Household Member’s anticipated gross annual income.

*Primary Applicant* \_\_\_\_\_  *Household Member* \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I anticipate receiving income from the following sources over the next 12 months: *(Circle Y (yes) or N (no) for each statement, additional instructions provided on Page 2 of this form):*

- Y    N    Wages from employment (including commissions, tips, bonuses, fees, etc.) \$ \_\_\_\_\_
- Y    N    Net income from operation of a business \$ \_\_\_\_\_
- Y    N    Rental income \$ \_\_\_\_\_
- Y    N    Social Security, annuities, retirement funds, pensions, or death benefits \$ \_\_\_\_\_
- Y    N    Unemployment benefits \$ \_\_\_\_\_
- Y    N    Disability benefits \$ \_\_\_\_\_
- Y    N    Alimony, child support, or gifts received from persons not living in my household \$ \_\_\_\_\_
- Y    N    Any other of income \$ \_\_\_\_\_
- Y    N    I currently have no income of any kind and there is no imminent change expected in my financial status of employment status during the 12 months.

I, \_\_\_\_\_, hereby certify my anticipated gross annual income for the next 12 months to be (totaled from sources above) \$ \_\_\_\_\_.

I, \_\_\_\_\_, hereby certify that I will inform Leon County if my income changes during the period when I am receiving assistance. I understand that the information provided is subject to verification by the county and supporting documentation may be requested at any time to confirm the veracity of statements made, and failure to provide documentation will result in a denial of assistance.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that Chapter 817, Florida Statutes provides that making willful false statements or representations herein constitutes an act of fraud punishable under Statutes 775.082 or 775.083, and is grounds for termination of financial assistance.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**Self-Certification of Income Form Instructions:** This form must be completed in its entirety by each adult household member.

To self-certify income, the applicant or household member completing this form must circle **Y (yes) or N (no)** for each statement to indicate the sources of income they will receive over the next 12 months and provide the total annual amount to be received.

If you receive no income of any kind, please mark Y (yes) to "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".

**To calculate your anticipated Annual Gross Income**, please use the following calculations to annualize your most recent gross income received (income before taxes or any other deduction) based on your current payment schedule:

- For **weekly** income (payments received every week): multiply the gross (before taxes) income by 52
- For **bi-weekly** income (payments received every 2 weeks): multiply the gross income by 26
- For **twice monthly** income (payments received twice a month): multiply the gross income by 24
- For **monthly** income (payments received once a month): multiply the gross income by 12

*The following are examples on how to calculate your anticipated Annual Gross Income:*

**Example 1: How to Calculate Bi-Weekly Income**

You have returned to work full-time and make \$15.00 an hour. You receive a paycheck every two weeks. Use the following calculation: \$15.00/hour x 80 hours = \$600.00 every two weeks. \$600/pay period x 26 pay periods = **\$15,600 annual gross income**.

- Y  N Wages from employment (including commissions, tips, bonuses, fees, etc.); \$15,600.00
- Y  N Net income from operation of a business \$ \_\_\_\_\_
- Y  N Rental income from real or personal property \$ \_\_\_\_\_

**I certify my anticipated gross annual income for the next 12 months to be (Total of section 3): \$15,600.00.**

**Example 2: How to Calculate Monthly Income**

You are self-employed and have increased your sales in the last month but are not at full operations. Your gross sales for the last month was \$2,000.00. Use the following calculation: \$2,000/month x 12 months = **\$24,000 annual gross income**.

- Y  N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household \$ \_\_\_\_\_
- Y  N Sales from self-employed resources; \$24,000.00
- Y  N Any other source not named above; \$ \_\_\_\_\_

**I certify my anticipated gross annual income for the next 12 months to be (Total of section 3): \$24,000.00.**

**Example 3: How to Calculate Monthly and Weekly Income**

You are on disability and receive \$1,000.00 a month. In the past you have also worked 8 hours a week earning \$8.00 an hour, but your work hours have been reduced since March 1, 2020 due to COVID-19. You have returned to work for 4 hours a week. Use the following calculation for employment: \$8.00/hour x 4 hours = \$32.00 every week. \$32.00/week x 52 weeks = **\$1,664 annual gross income**. Use the following calculation for disability: \$1,000.00/month x 12 = **\$12,000 annual gross income**. Disability + Employment wages = **Anticipated Gross Annual Income of \$13,664**.

- Y  N Wages from employment (including commissions, tips, bonuses, fees, etc.); \$1,664.00
- Y  N Net income from operation of a business; \$ \_\_\_\_\_
- .....
- Y  N Disability payments; \$12,000.00

**I certify my anticipated gross annual income for the next 12 months to be (Total of section 3): \$13,664.00.**