



SELF-ATTESTATION CERTIFICATION OF NO INCOME

for household members 18 and over.

Household Member’s Printed Name: _____

Social Security Number: _____ Date of Birth: _____

Address where you are residing: _____

City _____ State _____ Zip _____

1. I hereby certify that I do not receive income from any source, including the following:

- a) Income from employment
- b) Rental Income from personal property.
- c) Periodic allowances from outside of my household, such as, child support, alimony, insurance policies.
- d) Interest from a personal bank account.
- e) Self-employment benefits, such as, Uber Driver, delivery with Amazon, Lift, etc.
- f) Social Security payments, public assistance, or unemployment.
- g) Or any other source not named above.

2. I certify that no imminent change is expected in my financial status.

Under the 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 constitute an act of fraud. False, misleading, or incomplete information may result in denial of assistance and prosecution.

Dated this _____ day of _____, 20 _____

Signature _____

HOUSING RESOURCE & DEVELOPMENT AGENCY

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Shelter Plus Care FAX (216) 651-6692 | www.EDENcle.org | EDENinfo@EDENcle.org

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A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County

