UNEARNED INCOME CERTIFICATION

Statement of Unearned Income Sources and Amounts

Complete this form for any household member who receives income from sources other than employment. Please check the appropriate box for each income source, provide the requested information, and sign below.

HOUSEHOLD MEMBER INFORMATION

FULL NAME

_____

SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

_____

STREET ADDRESS

_____

CITY, STATE, ZIP CODE

_____

PHONE NUMBER

_____

SOURCES OF UNEARNED INCOME

Received	Source of Unearned Income	Frequency (e.g., Weekly, Monthly, Annually)	Gross Amount ($)
☐	Social Security / SSI / SSDI (excluding Medicare premiums)		
☐	Pensions / Retirement / Annuities		
☐	Veterans Administration (VA) Benefits		
☐	Unemployment Compensation		
☐	Workers' Compensation / Disability Benefits		
☐	Alimony / Child Support		
☐	TANF / Public Assistance		
☐	Regular Contributions or Gifts (from family/friends)		
☐	Trusts, Estates, Investment Income, Dividends		
☐	Other: _____		

CERTIFICATION & SIGNATURE

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud.

SIGNATURE OF APPLICANT/RECIPIENT

DATE

SIGNATURE OF WITNESS/AUTHORIZED REPRESENTATIVE

DATE

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.