

City of Baltimore Department of Housing and Community Development  <b>CASH INCOME SELF VERIFICATION</b>	

**Instructions: Please fill out this form and attach documentation of the amount being reported for the last 30 days prior to your COVID related income loss. Examples of documentation include cash receipts, canceled checks, invoices, ledgers, monthly or quarterly books, sales slips, or letter from employer**

Applicants' Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_ Local agency will provide

Applicant Address: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Reported Income: \_\_\_\_\_

**IF YOU RECEIVE CASH ONLY FOR SERVICES:**

Gross Income	Date Received	Gross Income	Date Received

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

I give permission to the Department of Housing and Community Development (DHCD) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from DHCD needed to complete this application.

The Federal Government has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs. I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

When this form is completed by other than the applicant, the signer(s) agree to report to the local agency any changes of which he is aware in the financial circumstances of the applicant or in his relationship to the applicant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed the applicant's self-employment documentation (circle all that apply) books/statements, ledgers sales slips, cancelled checks, invoices, bank statements/deposits, purchase orders or cash receipts.

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_