



MHDC Special Projects: SAFHR FOR HOMEOWNERS ELIGIBILITY

Homeowner Name: _____

Income Eligibility Certification: Please complete Section 1 and 2

This is to certify the income and SAFHR for Homeowners eligibility status for the above named individual's household. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Section 1:

I certify, under penalty of perjury, that my household currently receives the following income (if none, enter "0"):

Source: _____ Amount: _____ Frequency: _____
 Source: _____ Amount: _____ Frequency: _____
 Source: _____ Amount: _____ Frequency: _____

Section 2: If the first applies, select the first checkbox. If household income is greater than \$79,900, select the second checkbox.

I certify, under penalty of perjury, that my household income is at or below **\$79,900**. (U.S. Median Income)

_____ **OR** _____

I certify, under penalty of perjury, that my household income falls within the following Area Median Income (AMI) range:

0-100% AMI

100.01% - 150% AMI

Homeowner Signature: _____ Date: _____

COVID-19 Eligibility Certification

I certify, under penalty of perjury, that at least one (1) individual in my household experienced financial hardship, which began or extended beyond January 21, 2020, related to the COVID-19 pandemic.

Homeowner Eligibility Certification

I certify, under penalty of perjury, that I am a homeowner and the property for which I am seeking this counseling and/or legal assistance is my primary residence.

Homeowner Signature: _____ Date: _____