



MHDC Special Projects: SAFHR ELIGIBILITY

Form: SP 101

Applicant Name: _____

This is to certify the income status for the above named individual. 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.

Income Eligibility Certification: Complete only one income eligibility section

I certify, under penalty of perjury, that I currently receive the following income:

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

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

- 0-30% 30-50% 50-80%

Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time.

Applicant Signature: _____ Date: _____

COVID-19 Eligibility Certification: Select all that apply

I certify, under penalty of perjury, that at least one (1) individual in my household receives unemployment benefits AND/OR has experienced a reduction in household income, incurred significant costs, or experienced financial hardship due, directly or indirectly, to the COVID-19 pandemic.

I certify, under penalty of perjury, that at least one (1) individual in my household is at risk of experiencing homelessness or housing instability.

Applicant Signature: _____ Date: _____