

## MHDC COMMUNITY PROGRAMS HSED Eligibility Form

**Client Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

This is to certify the income 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.

**Check only one box and complete only that section**

I certify, under penalty of perjury, that my household currently receives the following income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

**0-30%**

**30-50%**

**50-80%**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COVID-19 Eligibility Certification**

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

I certify, under penalty of perjury, that at least one (1) individual in my household has experienced/are experiencing homelessness or housing instability during or due, directly or indirectly, to the coronavirus pandemic.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EVICTION RELIEF ELIGIBILITY MUST BE VERIFIED USING FORM CP-112.**