

Lake County COVID Housing Relief Program (CHRP) Self-Income Certification Form

Date: _____

Last Name: _____ MI: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Business: _____

Date Business Opened: _____

Type of Business: _____

Position / Occupation: _____

Tax Payer ID #: _____

1. Past Net Monthly Income (average 3 months prior to COVID-19) \$ _____
2. Reduction of Net Monthly Income due to COVID-19 \$ _____
3. Attach supporting bank statements

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

Signature of Applicant / Head of Household

Date

Signature of Additional Adult Household Member
(if applicable)

Date