



Sponsor Name

Income Self-Verification

I, _____ on _____, acknowledge that qualification for assistance funded under the CDBG program is based upon having a qualifying family income and that the income levels I have certified to in this self-certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary. Knowing the penalty for making a false statement under the United States Criminal Code (see below), I hereby certify that the following is a true and full statement:

Monthly Income: _____

No Income: _____

No. in Household: _____

Signed _____

Section 35 (A) of the United States Criminal Code makes it a criminal offense punishable by a maximum of 10 years imprisonment, \$10,000 fine or both, to make a false statement or representation to any Department or Agency of the United States as to any matter within their jurisdiction. TITLE 18, SECTION 1001 of the United States Criminal Code states that a person is guilty of a felony for falsifying a material fact or knowingly and willingly making false or fraudulent statements to any department of the United States Government. County of Riverside requests the information given above in its capacity as a Federal Agency.

OFFICE USE ONLY:

Extremely Low Income _____

Very Low Income _____

Low Income _____

(Please check one)

Signed _____

Date _____