

**Texas Emergency Mortgage Assistance Program  
Texas Department of Housing and Community Affairs  
Community Development Block Grant (CDBG)  
SELF CERTIFICATION OF ANNUAL INCOME BY**

*Printed on:*                      BENEFICIARY                      *Effective Date:*

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Definition of Income**

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040	<input type="radio"/> American Community Survey
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**Beneficiary Information**

Last Name:	Beneficiary ID (if applicable):
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**Member Information**

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Contact Information**

Address Line 1:	City:
Address Line 2:	State:                      Zip Code:

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**COMPLETE SIGNATURES ON SECOND PAGE**

Texas Emergency Mortgage Assistance Program  
 Texas Department of Housing and Community Affairs  
 Community Development Block Grant (CDBG)

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD/the Texas Department of Housing and Community Affairs, and Grantee/Program Administrator.

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

*Printed on:* \_\_\_\_\_

*Effective Date:* \_\_\_\_\_

**Beneficiary ID:** \_\_\_\_\_

**HEAD OF HOUSEHOLD**

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**OTHER BENEFICIARY ADULTS\***

<b>OTHER BENEFICIARY ADULTS*</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

\* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD, the Texas Department of Housing and Community Affairs or the program administrator at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

## SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY INSTRUCTIONS

This is a required form from the state and we have been getting questions about some of the items that need to be completed. Below are instructions

1. **SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY:** Printed on date is not required and **Effective Date** is the date the form is completed.
2. **Definition of Income:** Please check the IRS form 1040
3. **Beneficiary Information:** Beneficiary ID and Member ID's are not required.
4. **Member Information:** List all individuals in the household, including the Head of the Household. Here are the definitions of the demographic information. Please check all that apply for each household member.  
HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities;  
62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years
5. **Income Information:** Annual income from all adults that live in the household. This would include employment, unemployment, Social Security, Disability, Pension, Child Support etc... Please use gross income- the amount before deductions are taken out of paychecks. Total the monthly income of all household members and multiply by 12 to get annual income.
6. **Certification Signatures:** Again, no Beneficiary ID is required. All adults in the household must sign the form certifying that the income reported is correct.