

Centro de Salud Familiar La Fe, Inc.
INCOME / ADDRESS VERIFICATION FORM

Section I should be signed by the applicant and Section II should be completed and signed by the person providing housing assistance, as applicable.

Statement of Income

I, _____, certify that my monthly income is \$ _____.
(Name of applicant)

By signing this form, I affirm that the above information is an accurate statement. I understand that if I deliberately omit or give false information any assistance provided to me will be terminated.

This form was read by me or, was read to me, and I understand its meaning. All the blanks were filled in, before the form was signed. I have signed this form voluntarily.

Signature of applicant : _____ Date: _____

Declaration of Shared Residence

I, _____, certify that _____
(name of person providing housing assistance)

resides in my household at _____
(Address, City, State, Zip Code)

Other members of his/her family residing at the same address are:

Name	Relationship
_____	_____
_____	_____
_____	_____

By signing this form, I affirm that the above information is an accurate statement. I understand that if I deliberately omit or give false information any assistance provided to the applicant will be terminated.

This Declaration of Shared Residence will remain in effect until revoked by the person providing housing assistance.

This form was read by me or, was read to me, and I understand its meaning. All the blanks were filled in, before the form was signed. I have signed this form voluntarily.

Signature of person providing housing assistance: _____ Date _____