



**Income Certification Form  
Emergency Rental Assistance Alabama Program**

**To be completed by adult household members who are claiming cash income, or zero income from any sources.**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Check the box that applies to your current income circumstances.

☐ I hereby certify that I do not receive income from any sources.

☐ I hereby certify that I currently receive cash income and have not yet filed taxes for 2020.

Cash income amount \_\_\_\_\_

Pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually) \_\_\_\_\_

Describe what you did to earn this money (be specific):

I attest that the above information is true, correct, and complete to the best of my knowledge. I understand that submitting false, misleading, or incomplete information may result in termination of participation in the Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date