

Please download, complete and submit this to your Eligibility Specialist when you are contacted

## Certification of Income due to COVID-19

I, \_\_\_\_\_ (name), do hereby declare that:

- My current income is \$ \_\_\_\_\_ (income per month). I have no documented proof of income.
- I am applying for assistance from Catholic Charities of the Archdiocese of Galveston – Houston.
- My household consists of \_\_\_\_\_ (number) persons.
- My household income prior to the current crisis was \_\_\_\_\_ (income per month).

Reason for loss of income is:

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I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible and that I may be subject to prosecution for providing false or fraudulent information.

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Applicant Name

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Signature

Date

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Reason for Self-Declaration (completed by Catholic Charities staff)