

RECERTIFICATION OF ANNUAL INCOME BY GOVERNMENT PROGRAMS

The purpose of this form is to certify that _____ (name of household) residing at _____ (address) receives benefits under _____ (name of government program). As such, the annual income of this household has been examined and determined to be below \$ _____ (income limit for the program for a family of ____ [household size]).

Certified by:

Signature of Authorized Representative _____

Name (Print) _____

Title _____

Agency _____

Date _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.