**SELF- DECLARATION OF EMPLOYMENT**

**Emergency Housing Voucher Program (EHV)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, *(Name)* do certify that my gross income prior to is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **per month** from employment,

I am unable to provide my paystubs 30 days prior to submission of my EHV Application as support of my current income due to following:

Business closed;

Employer refused to verify;

Paystubs & Employee records unavailable;

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination and repayment of my assistance, and I may be subject to a civil penalty, plus damages under False Claims Act (31 U.S.C 3729).***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**  **Date**