



ReBUILD NC Hurricane Matthew Recovery Program

Income Certification Form

This form is required in the event a Form 1040 Tax Return was not provided for each household member over the age of 18.

The Rebuild North Carolina Housing Recovery Program requires that income sources be verified and documented. Please read and complete the certification statement below. Upon completion, submit this form along with the appropriate income documentation.

Information provided in this section must include all members of the household over the age of 18 that did **not** provide a Form 1040 Tax Return. If a household member does not have any income sources, write “Zero Income” under *Income Source(s)* and “\$0” under *Estimated Total Annual Income* below. All household members attesting to income on this form must sign.

Name	Relationship to Applicant	Date of Birth	Full-Time Student?	Income Source(s) ¹	Estimated Total Annual Income ²
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$
			<input type="checkbox"/>		\$

NOTE: If you are a U.S. Citizen or resident alien, you must file a return if your gross income for the year was at least the amount required by the IRS. If you are a non-resident alien at any time during the year, the filing requirements that apply to you may be different from those that apply to U.S. citizens. If you need assistance to determine if you need to file a federal income tax return for the current tax year, go to www.IRS.gov.



¹ Please list the sources of income here (e.g., paystubs, social security benefit statements, etc.) If you have no reportable income, please enter “Zero Income”.

² Please make sure to calculate the income sources as necessary to determine **annual** income (e.g., monthly statements should be multiplied by a factor of 12). If you have no reportable income, please enter “\$0”.

ACKNOWLEDGEMENT AND ATTESTATION: The undersigned expressly acknowledge that the information provided on this form by myself/us is subject to verification by HUD, the State of North Carolina and/or the Rebuild NC Program at any time. Further, I/we acknowledge that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and Program eligibility can be terminated if I/we knowingly and willingly make a false or fraudulent statement in connection with the representations made above or in connection with any other information provided to the Rebuild NC Program in connection with the application for assistance funded by the Community Development Block Grant allocated to the State of North Carolina.

NOW, in light of the acknowledgements made above, I/we knowingly affix our signature below; and by doing so, expressly certify and attest, under penalty of the law recited above or otherwise applicable, that all of the information provided in this form is true and correct according to my/our best knowledge and belief. Should I/we become, or be made, aware of the untruthfulness or inaccuracy of any of the information or the representations or information provided above, I/we will immediately notify the Rebuild NC Program and acknowledge that failure to do so may result in institution of any criminal and/or civil remedies available by law.

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

Household Member or Applicant Signature

Date

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Date

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Date

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Date

Household Member or Applicant Signature

Date



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