Agency: **Centro Campesino Farmworker Center, Inc.**

To apply for services through the Florida Weatherization Assistance Program, an applicant household must be below the income guidelines. Guidelines are provided by the U. S. Department of Energy and adhere to the 200% threshold of the poverty income guidelines. The entire household income must be calculated to determine if an applicant is income eligible for services.

If an applicant indicates that the household does not generate an income and does not receive any financial assistance, **at a minimum** the following questions must be asked of the applicant and this document signed by subgrantee and applicant:

**Question #1** – Do you receive any monies from others to sustain the household overhead costs?
**Applicant Response** -

**Question #2** – How is the rent, mortgage or utilities paid?
**Applicant Response** -

**Question #3** – If the applicant drives a car, how is gas, maintenance & insurance paid?
**Applicant Response** -

**Question #4** - How does the household receive food?
**Applicant Response** -

I confirm that the above answers are accurate.

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<th>Applicant Name</th>
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Agency Representative asking questions:

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FLORIDA WEATHERIZATION ASSISTANCE PROGRAM
APPLICANT SELF-CERTIFICATION NOTARIZED STATEMENT
10/10

To apply for services through the Florida Weatherization Assistance Program, an applicant household must be below the income guidelines. Guidelines are provided by the U. S. Department of Energy and adhere to the 200% threshold of the poverty income guidelines. The entire household income must be calculated to determine if an applicant is income eligible for services.

If an applicant indicates that the household does not generate an income during the application process, the applicant must answer and sign the Applicant Self Certification Questionnaire. In addition, the applicant must provide a notarized statement to confirm that he/she and the household occupants have no other proof of income.

I, ______________________________ am applying for Weatherization Assistance Program services through the Centro Campesino Farmworker Center, Inc. and do not have any other proof of income to provide with my application. I also understand that making a false statement could result in me being held responsible for all costs associated with the agency providing weatherization services on my home.

APPLICANT

APPLICANT SIGNATURE ______________________________ DATE

DWELLING ADDRESS ______________________________ CITY & COUNTY

STATE OF FLORIDA ______________________________ COUNTY OF ______________________________

Sworn to (or affirmed) and subscribed before me this ___ day of __________, 201__, by ______________________________ (name of person making statement).

_____________________________ (Signature of Notary Public - State of Florida)

_____________________________ (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ________ Or Produced Identification _________

Type of Identification Produced ______________________________
SELF-DECLARATION OF INCOME

I, ______________________________, do hereby declare on ____________________ (date) that: I have no documented proof of income due to the following situation:


My monthly expenses are

Housing (rent/mortgage payment) _______________________

Food _____________________________________________

Medical __________________________________________

Transportation _____________________________________

Utilities __________________________________________

Total _____________________________________________

My household consists of ______ number of persons and the following household members, 18 years and older, have earned the following gross income during the 30 day period prior to the date of application for assistance:

Name: __________________ Gross Amount Earned: ________________

Name: __________________ Gross Amount Earned: ________________

Name: __________________ Gross Amount Earned: ________________

Name: __________________ Gross Amount Earned: ________________

Total Gross Income: __________________

I certify that the above information for the income of all household members 18 years and older 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.

(Applicant Signature) ________________________________  (Date) ____________________________

(Street Address) ____________________________ (City) ___________ (Zip code) __________

(Reviewed & Approved (Ex.Dir. or Prog. Dir. Name & Title) ____________________________ Date _______________