

**FLORIDA WEATHERIZATION ASSISTANCE PROGRAM  
APPLICANT SELF-CERTIFICATION QUESTIONNAIRE**

10/10

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.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
County of residence

Agency Representative asking questions:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



# 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