



Self-Certification of COVID-19 Hardship and Risk of Homelessness or Housing Instability

Instructions: Please read this page, check the appropriate options and sign and date.

TO COMPLETE THE FORM, CHECK AT LEAST ONE BOX UNDER BOTH #1 AND #2

1. SELF-CERTIFICATION OF (I) UNEMPLOYMENT OR (II) DECREASED INCOME AND/OR INCREASED EXPENSES:

Since March 13, 2020, a member of my household qualifies for unemployment benefits

OR

Since March 13, 2020, a member of my household has experienced (check all that apply):

- Experienced a reduction in household income
- Incurred significant costs
- Experienced other financial hardship due directly or indirectly to the pandemic

2. SELF-CERTIFICATION OF (III) RISK OF HOMELESSNESS OR HOUSING INSTABILITY:

The DEHAP Program requires that since March 13, 2020, at least one member of the household can demonstrate a risk of experiencing homelessness or housing instability.

A member of my household has experienced a risk of experiencing homelessness or housing instability. (The hardship does not need to exist as of the date of the application as long as it existed for any period of time since March 13, 2020. For example, if one member of your household faced a risk or eviction or lived in an overcrowded situation between March 13, 2020 and August 1, 2020, your household would be eligible for DEHAP assistance under this eligibility criteria.):

The hardship includes (check all that apply):

- An eviction notice
- A past due utility or rent notice
- Monthly rent and utilities are more than 30% of the household's monthly income

OR

Since March 13, 2020, one or more household members have experienced homelessness

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the repayment of any funds received through the DEHAP Program and other remedies available under applicable law.

Signature (First and Last Name)

Printed Name (First and Last)

Date



Release of Information and Application Authorization Delaware Housing Assistance Program (DEHAP)

In order to advance my application for Delaware Housing Assistance Program (“DEHAP”) assistance, administered by the Delaware State Housing Authority (“DSHA”) I have voluntarily chosen to work with _____ (“Service Provider”).

Release of Information and Application Authorization

By signing this Release of Information, I consent to _____ (“Service Provider”) and Delaware State Housing Authority (“DSHA”) sharing information between Service Provider, DSHA, and third parties in order to further the purposes related to my application for DEHAP assistance. This may include but is not limited to sharing and collecting information from my landlord, utility company, and or the Justice of the Peace Court as may be relevant or appropriate to further the purposes of advancing my application for DEHAP assistance.

For TENANT REPRESENTATIVES ONLY:

I agree that Service Provider is serving as application Tenant Representative and authorize use of information I provide to complete and submit my DEHAP application on my behalf as my authorized representative.

Client Initial: _____

My information may be shared for of summary reporting on the project. I also understand that:

- Signing this release form does not guarantee that I will receive DEHAP assistance.
- If I do not consent to this release, it will not impair, limit, or change my eligibility to receive DEHAP assistance. However, declining to consent will materially limit the assistance Service Provider can provide, may result in delays to my DEHAP application processing, and I would need to independently contact each such agency directly to apply for assistance and for a determination of eligibility.
- This authorization shall remain in effect from the date of my signature below.

Printed Name

Signature

Date

Phone Number

Email

Printed Name of Service Provider Organization and Representative

Signature of Representative

Date

Instructions for Tenant Representatives: *Please keep one copy of this fully completed form for your records. Upload an electronic copy with the Tenant Documents in the DEHAP application portal.*



Self-Certification of Income or Zero Income

Instructions: This form can only be completed with and submitted by a DEHAP Community Navigator.

SELF-CERTIFICATION OF INCOME

I attest that the below is a complete and accurate list of my income and the income of all members of my household, including wages, tips, overtime, unemployment, government assistance, child support and alimony, pension/social security and other income. I attest that I have no sources of income other than the ones listed below.

Household Member Name	Date of Income	Source of Income	Amount of Income (List specific amount)	Frequency of Income (monthly, biweekly, annual)

SELF-CERTIFICATION OF ZERO INCOME

If my current income zero, I attest that my household currently has no income of any kind including from any of the sources listed below.

Income Source	Yes	No	Income Source	Yes	No
Wages, salaries, tips, bonus, commission			Social Security of Supplemental Social Security		
Severance pay			Unemployment benefits		
Workers Compensation			Interest/Dividends from assets		
Annuities, pensions or retirement funds			Insurance policies, disability, death benefits		
Net income from the operation of a business			Alimony or child support		
All regular pay, special pay, and allowances of a member of the Armed Forces, except the special pay to a family member serving in the Armed Forces who is exposed to hostile fire			Regular contributions or gifts recieved from organizations or other persons not residing in the unit, including online donations such as GoFundMe		

