



# Louisville Metro Housing Authority

420 South 8<sup>th</sup> Street, Louisville, KY 40203

(502) 569-3400 | Fax (502) 569-7849



**Notice of Right of Reasonable Accommodation:** If you or someone else in your household has a disability – and as a result of this disability, this person needs a reasonable accommodation in order to participate fully in the Housing Choice or the Public Housing Program – please contact the Ombudsman to discuss accommodation options. The ombudsman of the Housing Choice Voucher program can be reached at (502) 569-6942. The ombudsman of the Public Housing program can be reached at (502) 569-1168. TDD 502-587-0831.



## CLIENT SELF VERIFICATION AFFIDAVIT

**WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.**

I, \_\_\_\_\_, TELEPHONE \_\_\_\_\_

RESIDING AT \_\_\_\_\_

I certify that I am unable to obtain documentation regarding the following income: (LIST SOURCES OF INCOME AND AMOUNTS)

EMPLOYER \_\_\_\_\_

BEGINNING DATE OF EMPLOYMENT \_\_\_\_\_

AMOUNT IF STILL EMPLOYED      Rate of Pay per Hour \$ \_\_\_\_\_      Hours per Week \_\_\_\_\_

I am unable to obtain this information because: \_\_\_\_\_

If no longer working, GIVE THE ENDING DATE: \_\_\_\_\_

OR, I certify that I have income from (source) \_\_\_\_\_

in the approximate amount of \_\_\_\_\_ weekly: \_\_\_\_\_ monthly: \_\_\_\_\_ other: \_\_\_\_\_

DO YOU RECEIVE MONIES FROM FAMILY, FRIENDS OR OTHER PERSONS TO HELP YOU WITH BILLS? (i.e. utilities, phone bills, etc) Yes \_\_\_\_\_ No \_\_\_\_\_ IF YES, LIST THE AMOUNT RECEIVED \$ \_\_\_\_\_ FROM WHOM?

AMOUNT RECEIVED IS \_\_\_\_\_ WEEKLY \_\_\_\_\_ BIWEEKLY \_\_\_\_\_ MONTHLY

Is any amount listed above received for or in reimbursement of, the cost of medical expenses for any household member?

\_\_\_\_\_ If, YES, give amount \$ \_\_\_\_\_

NOTE: IF YOU ARE REPORTING INCOME, YOU MUST SPECIFY THE DOLLAR AMOUNT THIS INCOME REPRESENTS EITHER PER WEEK, EVERY 2 WEEKS, OR MONTHLY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_