

RECERTIFICATION OF ANNUAL INCOME  
BY GOVERNMENT PROGRAMS

The purpose of this form is to certify that \_\_\_\_\_ (name of household) residing at \_\_\_\_\_ (address) receives under \_\_\_\_\_ (name of government program). As such, the annual income of this household has been examined and determined to be below \$ \_\_\_\_\_ (income limit for the program for a family of \_\_\_\_\_ (household size)).



**Certified by:**

**Signature of Authorized Representative:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United states Government.**