



TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP)

Household Income Certification (HIC)

Rev. 01/06/21

Part I. General Information-Enter the requested information into the yellow cells.

Administrator:		Certification Type:		Contract Number:	
Applicant Last Name:		Applicant First Name and Middle Initial:		HIC Effective Date:	

Part II. Household Composition

Household Member Number	Member Last Name	Member First Name and Middle Initial	Relationship to Head of Household	Date of Birth	Full Time Student (Y/N)
1			Self		
2					
3					
4					
5					
6					
7					
8					

Part III. Gross Annual Income (Non-Asset Income)

Household Member Number	Employment or Wages, Worker's Compensation	Social Security/Pensions/Annuities/Retirement	Public Assistance (Unemployment Benefits, TANF)	Other Income (Child Support, Rental Income, Business Income)	Member Income Total
1		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
(Non-Asset Income):	\$ -	\$ -	\$ -	\$ -	\$ -

Total Household Income: \$ -

Part V. Certification Statement

Under penalty of perjury, Household Members hereby certify that the information presented in this Household Income Certification (HIC) is true and accurate to the best of their knowledge and belief. The undersigned further Household Members age 18 and older understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination from the HOME Program.

Head of Household Signature

Date

Spouse/Other Adult Signature

Date

Other Adult Signature

Date

Administrator Signature

Date