



Texas Emergency Rental Assistance Program (TERAP)

Self-Certification of Annual Income by Beneficiary

Rev. 01/06/21

INSTRUCTIONS: This is a written statement from the program beneficiary that will serve as documentation that they meet the definition of having an “Annual (Gross) Income” that does not exceed the applicable limits for the Texas Emergency Rental Assistance Program (TERAP). Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income: Select the ONE appropriate definition for which you are self-certifying. This certification is only allowable for the two options listed below.

- My household lives in a rent-restricted property and has provided an income certification from the property dated on or after April 1, 2020, AND my household’s Annual Gross Income remains below 80% of the Area Median Income.
- My household’s Annual Gross Income is below 60% of the Area Median Income.

APPLICANT INFORMATION	
1. Applicant Name:	
2. Street Address:	
3. City/State/Zip Code:	4. County:
5. Email Address:	6. Home Phone: () - 7. Cell Phone: () -

Member Information

Mark with an X, all the applicable categories. **HH** = Head of Household; **CH** = Co-Head of Household; **PT≥18** = Part-time student age 18 or over; **FS≥18** = Full-time student age 18 or over; **<18** = Child under the age of 18 years

First and Last Name	HH	CH	PT≥18	FS≥18	<18
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Annual gross income (total of all members) = \$

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

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I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
1. Signature	Printed Name	Date
2. Signature	Printed Name	Date
3. Signature	Printed Name	Date
4. Signature	Printed Name	Date
5. Signature	Printed Name	Date
6. Signature	Printed Name	Date
7. Signature	Printed Name	Date
8. Signature	Printed Name	Date
9. Signature	Printed Name	Date
10. Signature	Printed Name	Date
11. Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD, the Texas Department of Housing and Community Affairs or the program administrator at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.