



Vermont CARES Housing Voucher Program

P.O. Box 1603

Burlington, VT 05402

Ph. (802) 660-3455 Email: cares.hvp@cvoeo.org

INCOME SELF-CERTIFICATION FORM

(MUST be filled out and signed by the Head of Household and all adult(s) 18 years older and older)

Participant Name (print): _____

Participant Address: _____

Phone: _____

Household without children...# of Adult (18 years old and older): _____

Household with dependent children... # of children: _____

 Household total monthly gross income is: \$ _____ Sources: _____

Household total annual gross income is: \$ _____ Sources: _____

I certify that the above information is true, accurate, and complete.

Participant signature _____ Date _____

Adult 1 signature _____ Date _____

Adult 2 signature _____ Date _____

Third Party Certification

Name: _____ Organization _____

Title: _____ Phone: _____

I certify that I am an employee of the above listed agency and that to the best of my knowledge, the above listed information is accurate.

Third Party signature _____ Date _____