



Fort Bend County TX
Self-Certification of Income Loss Due to COVID-19

I/We _____ (Name/s) certify that the information I am providing is true and accurate to the best of my knowledge.

My pay or income for the following period is/was: (Enter gross amount of monthly wages)

Income Before March 1, 2020	\$
Current Monthly Income	\$

Fort Bend County has the authority to ask for any additional or clarifying information from the “applicant” for any information given or provided. If the applicant becomes aware of any information or any changes that are materially different, alter or changes the information than what was presented or provided, the applicant shall have a duty to immediately report such facts to the County in writing within five (5) business days.

I understand that if such information is willfully false, I am subject to criminal prosecution and civil action under federal law, the laws of Fort Bend County and the State of Texas.

I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this grant, as applicable under the provisions of Title 18, United States Code, Section 1014.

Printed Name: _____

ID#: _____

Signature: _____

Date: _____