



# HARRIS COUNTY RECOVERY ASSISTANCE

Administered by Catholic Charities of the Archdiocese of Galveston-Houston

## Certification of Household Income

I, \_\_\_\_\_ (name), do hereby declare that:

- My current household income is \$ \_\_\_\_\_ (income) per month. I have no documented proof of income.
- I am applying for assistance from Harris County Recovery Assistance.
- My household consists of \_\_\_\_\_ (number) persons.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand that the information will be verified to the extent possible and that I may be subject to prosecution for providing false or fraudulent information.

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Signature \_\_\_\_\_ Date \_\_\_\_\_