



## Employment/Unemployment Self-Certification

I certify that the following information is true and correct. I understand that if this information is found to be falsified, my voucher may be terminated. Please select Employment or Unemployment and complete a separate form for each status type as well as each employer.

- Employment Status:** I am not employed with the company listed below or not currently on assignment.
- Terminated
  - Laid Off
  - Temporary Assignment ended
  - Quit/Resign

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Last day wages received (Must list in this format Month/Day/Year): \_\_\_\_\_

**Unemployment Status:**

- |                                      |                                     |                                    |
|--------------------------------------|-------------------------------------|------------------------------------|
| 1. Have you applied for an extension | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| 2. Do you qualify for an extension   | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |
| 3. Have your benefits ended          | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> |

Date Benefits ended/stopped (Must list in this format Month/Day/Year): \_\_\_\_\_

I certify that I will notify MHA of any change in family income within 30 days, in accordance with the MHA Interim Policy. All household income received during the 12 month period preceding recertification must be reported.

\_\_\_\_\_  
Client Signature/Date

\_\_\_\_\_  
HCVP staff witness/Date

\_\_\_\_\_  
Client Name (Print)

XXX-XX- \_\_\_ \_\_\_ \_\_\_  
Client Social Security Number

**Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

