# Rockland County Office of Community Development

# Residential Emergency Services to Offer (HOME) Repairs to the Elderly (RESTORE) Program Application

## DECLARATION OF NO INCOME

Rockland County Office of Community Development is required to verify all income and assets of anyone residing in the household under this program. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing your family's eligibility.

## CERTIFICATION

I,_____do hereby certify that I do **NOT** receive income from **ANY** source. I understand sources of income include**, *but are not limited to,*** the following:

Wages/Employment by Other(s)
Retirement Funds
Unemployment Compensation
Alimony/Child Support
Social Security
Income from Assets
Workers Compensation
Disability
Annuities
Self-Employment
Union Benefits
SSD/SSI
Family Support
Pensions

I certify that the foregoing is true, complete and accurate. I authorize Rockland County Office of Community Development to verify the information contained herein. I also understand that providing false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the law.

_____ _____
Signature Date

ACKNOWLEDGMENT

State of New York)
County Of Rockland) SS:

On the_____ day of_____ in the year_____ before me, the undersigned, a Notary Public in and for said State, personally appeared_____ _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public