



## Loss of Employment Self-Declaration Form

I, \_\_\_\_\_, hereby declare that I am no longer employed at \_\_\_\_\_ since (mm/dd/yy) \_\_\_\_\_.

I have been unsuccessful at receiving the verification because \_\_\_\_\_  
\_\_\_\_\_. My household does not / does have any other source(s) of income at this time.

I understand that I am required under HUD Regulations and CMHA's Housing Choice Voucher (HCV) Program rules to report all household income received **by** a member of my household or received on **behalf of** any member of my household. I am also required to report any changes in household income and / or composition to CMHA within 30 days of the change. I further understand that I may be terminated from the HCV Program for providing fraudulent information to CMHA. The information listed above will be used to determine the income for my household for the HCV Program. CMHA reserves the right to verify the information provided on this form.

**WARNING – Section 1001 of Title 18 of the United States code make it a criminal offense to make a willfully false statement of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.**

I certify that the above information is true and accurate.

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Signature

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Date