

APPENDIX A TO THE APPLICATION
HOME RETRO PROGRAM
FINANCIAL CERTIFICATION

I. HOUSEHOLD RESIDENT INCOME

Complete a separate Financial Certification for each resident household member who has income.

Name of Resident: _____
 Employer: _____
 Employer Address: _____

List the gross monthly income of the resident named above. Each line should be verified by a check stub or documentation from the source. (Round up to the nearest dollar)

Wage/Salary (enter gross amount)	\$			Disability Benefits (including SSI, SSDI)	\$	
Overtime/Commissions	\$			Public Assistance (including TANF)	\$	
V.A. Pension/Benefits	\$			Unemployment Benefits	\$	
Other Pensions/Annuities	\$			Child Support or Alimony	\$	
Royalties/Trusts/Investment Income	\$			Other Monthly Gross Income	\$	
Social Security Benefits	\$					
Total Monthly Income	\$			Total Annual Income	\$	

List the gross annual (calendar year) deductions of the resident named above. (Round up to the nearest dollar)

Home Access Modifications	\$			Assistive Animals (Purchase Only)	\$	
Communication	\$			Medical Services	\$	
Wheelchair Accessories	\$			Physician-ordered Drugs	\$	
Vehicle Adaptations	\$			Medical Insurance Premiums	\$	
Expenses to care for a disabled family member while their household members work (electric, phone, food not included)				Medical expenses not covered by insurance	\$	
	\$			Hearing Aids, Glasses, Adapted Visual Aids	\$	
				Total Annual Deductions	\$	
				Total Annual Adjusted Gross Income	\$	

II. CERTIFICATION

I acknowledge that any misrepresentation of information herein constitutes fraud and could result in mandatory repayment of funds received. I certify that the above-listed income and expenses are true and correct. I understand that all information given to Alpha One with regard to this application may be shared with the Maine State Housing Authority. I understand that falsification or misrepresentation of the above facts may be cause for denial of the grant, revocation of the grant, or recapture of the grant available under the Accessibility Program. I further authorize Alpha One and/or the Maine State Housing Authority to verify my credit, employment or business standing, but only for the purpose of determining the accuracy or otherwise evaluating the application.

Homeowner/Resident's Signature

Date