



## COVID-19 Assistance Program – Self-employment Certification Form

*Instructions: Please submit complete form to [frontdesk@skha.org](mailto:frontdesk@skha.org), fax 406-675-4495, P.O. Box 38 Pablo, MT 59855, or drop off at the SKHA drop box.*

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position / Occupation: \_\_\_\_\_

Tax Payer ID #: \_\_\_\_\_

1. Past Net Monthly Income (average 3 months prior to COVID-19) \$ \_\_\_\_\_

2. Reduction of Net Monthly Income due to COVID-19 \$ \_\_\_\_\_

3. Attach supporting bank statements

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of housing assistance.

Signature of Applicant	Date
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Signature of Applicant	Date
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