## OREGON EVICTION DIVERSION & PREVENTION PROGRAM CERTIFICATION OF INCOME - SELF-VERIFICATION



## **Earned Income without Documentation**

This form is to be used if the Household has income but can't provide documents or other traditional means of showing income. This form can serve as a "paystub" if no other paystub is available. Please submit one form for each member of the household that cannot provide documentation of income.

Applicant's Name:		
Name of Employee (if different f	rom applicant):	
Name of Employer:		
Address of Employer:		
Employer's Phone:	Employer's Email: _	
Start Date:	Total Income for the past 12	2 months:
I earned income in the past 12 n	nonths from this employer, but cannot d	ocument it because:
The business closed du	e to COVID-19	
My pay was received in	n cash	
The records of my payr	ment were lost or destroyed	
Other reason:		
I affirm that the income info	ormation presented above is true and acc	curate to the best of my
or incomplete information repayment of any funds reco	false representations constitutes an act may result in the denial of my Household eived through the Oregon Eviction Divers enalties under the Oregon False Claims A le under law.	d's application, the sion & Prevention Program
(If Electronically Signed) The typ	ped name below serves as my electronic	signature for the above certification.
Signature of Applicant	Name of Applicant	 Date