

**CITY OF ST. PETERS LAWN MOWING ASSISTANCE PROGRAM  
2012 ELIGIBILITY CERTIFICATION**

Report 2010 Income for everyone living in the home at the time of application submittal  
Please submit 2010 Federal Taxes and back up for all income

If you were not required to file Federal Taxes please check below statement. You are still required to submit proof of income.

**I was not required to file 2010 Federal Taxes**

| <small>Office<br/>Use<br/>Only</small>                         | <u>2010</u>         |                                   |
|--|---------------------|-----------------------------------|
| <u>SOURCE OF INCOME</u>  | <u>GROSS INCOME</u> | <u>PERSON(S) RECEIVING INCOME</u> |
| Wages or Salary from Employment.<br>Enter Name of Employer(s): | \$                  |                                   |
| _____  | \$                  |                                   |
| _____  | \$                  |                                   |
| _____  | \$                  |                                   |
| _____  | \$                  |                                   |
| Earnings from Self-Employment                                  | \$                  |                                   |
| Social Security  | \$                  |                                   |
| Veteran's Benefits   | \$                  |                                   |
| Pensions/Annuities   | \$                  |                                   |
| Dividends or Interest  | \$                  |                                   |
| Unemployment Compensation                                      | \$                  |                                   |
| Railroad Retirement  | \$                  |                                   |
| Worker's Compensation  | \$                  |                                   |
| Child Support  | \$                  |                                   |
| Maintenance/Alimony  | \$                  |                                   |
| Income from Rental Property                                    | \$                  |                                   |
| Supplemental Security Income (SSI)                             | \$                  |                                   |
| TANF   | \$                  |                                   |
| Missouri State Refund  | \$                  |                                   |
| Other Types of Income. List:                                   |                     |                                   |
| _____  | \$                  |                                   |
| _____  | \$                  |                                   |
| TOTAL GROSS INCOME FOR 2010                                    | \$                  |                                   |
| TOTAL HOUSEHOLD MEMBERS  |                     | _____                             |

To be completed by City:  
Verification Complete (Date) \_\_\_\_\_  
Checked by: \_\_\_\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature