



Gift Income Self-Certification

Please write in the amount of gift income you receive and the frequency you receive it. Include bills paid on your behalf as gift income, even if you do not receive the money directly.

Name: _____

Address: _____

Source of Gift Income: _____

Amount of Gift Income Received: _____

Frequency: Weekly Monthly Annually

I certify under penalty of law that the information contained in this application is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. I understand that all information collected is part of an application for assistance for the Burlington Lead Program will be kept strictly confidential.

Resident Signature: _____ **Date:** _____

Resident Signature: _____ **Date:** _____