



Identification Certification | Community Initiatives Programs

PLEASE NOTE: Prior approval must be obtained by agency/organization for use of this form.

PROGRAM TYPE: Missouri Housing Trust Fund Emergency Solutions Grant Housing First Program

Household Identifier: _____

Total Number of Persons in Household: _____

Number of Adults: _____

Number of Children: _____

1 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

2 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

3 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

4 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

5 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number



Identification Certification | Community Initiatives Programs

6 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

7 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

8 Household Member Unique Identifier _____

The above household member is:

- 18 years of age or older
- Under 18 years of age

Identification verified:

- Photo Identification
- Social Security Number

The undersigned individuals do, by their respective oaths solemnly swear and affirm as follows:

- The Staff Member completing this Identification Certification has verified the identification of the individual(s) to whom this certification relates;
- The Staff Member has been presented with a valid government issued photo ID (or other acceptable form of identification) by the individual(s) to whom this certification relates evidencing that such individual(s) are U.S. citizens or otherwise lawfully presented in the U.S.;
- The Staff Member has collected and reviewed valid documentation of income for the individual(s) to whom this certification relates and have verified that such individual(s) income is within the appropriate income limits to qualify for assistance from any funding sources being used to provide services to such individual(s); and,
- The Executive Director has reviewed the file for the individual(s) to which this Identification Certification relates, and has verified that all the representations made by the Staff Member in this Identification Certification are true and correct.

The undersigned individuals affirm, by penalty of perjury, that all the statements made herein are true and correct.

Staff Signature

Date

Staff Print Name

Executive Director Signature

Date

Executive Director Print Name