

HOUSING AUTHORITY of the CITY OF HAMMOND

HOUSING CHOICE VOUCHER DEPARTMENT

1402 – 173RD STREET

HAMMOND, INDIANA 46324

PHONE (219) 989-3265

HEARING IMPAIRED – RELAY INDIANA (800) 743-3333

SMALL BUSINESS DECLARATION OF INCOME

MY SIGNATURE AFFIRMS THAT I HAVE/HAVENOT RECEIVED AN ECONOMIC INJURY DISASTER LOAN **(EIDL)** OR A PAYCHECK PROTECTIONPROGRAM LOAN **(PPP)**

_____ I have received an EIDL/PPP loan from the Small Business Administration in the amount of \$_____ for my business.

Business Name: _____

Address: _____

City State Zip Code: _____

_____ I have not received EIDL/PPP Loan

I declare, under penalty of perjury, that the foregoing is true and completer.

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the U.S. Government”

Signature_____

Date_____

EQUAL OPPORTUNITY HOUSING – EQUAL OPPORTUNITY EMPLOYER