

Self-Certification of Annual Income

Property Name: _____ Unit No: _____ # Bedrooms: _____

Section to be completed by Resident

Household: Enter all household member name(s) and date(s) of birth below. Also note whether or not any household member is or will be a fulltime student in the next 12 months. Continue on separate sheet if necessary.						
Hsld Mbr#	Last Name	First Name & Middle Initial	Relationship to Head	Date of Birth (mm/dd/yyyy)	F/T Student	SSN (last 4 digits)
1			Head			
2						
3						
4						
5						
6						

**For LIHTC, if all occupants are full time students, attach completed Verification of Student Status form.*

Household: Enter all household members Gross Annual Income and Income from Assets below. Types of income and income from assets further explained below. Continue on separate sheet if necessary.				
Hsld Mbr#	Income Source	Gross Annual Income	Asset Source	Income from Asset
1				
2				
3				
4				
5				
6				
Total Annual Household Income				

Types of Income: Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid, and income earned on assets (checking, savings, IRA, etc.). Include what you receive now and what you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets: Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

I agree to notify management **IMMEDIATELY** if:

Anyone in my household becomes a **full time student**, and/or my **household composition changes** in any way.

I certify under penalties of perjury that the above information is complete and accurate to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease agreement and may be grounds for eviction. I agree to provide any additional documentation required by the property owner/management to document my/our household income.

Head of Household Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date

Section to be completed by Management

DETERMINATION OF INCOME ELIGIBILITY

Effective Date of Recertification: _____	Household Meets Income Restriction at: _____% MFI	Recertification Only: Current 80% MFI Income Limit: (per family size) \$ _____
Total Annual Household Income From All Resources: \$ 	Required HOME Rent Restriction: <input type="checkbox"/> High HOME <input type="checkbox"/> Low HOME	Household income exceeds 80% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income Limit per Family Size: \$ _____		
Move-in Date: _____		
Household Income at Move-in: \$ _____		Household Size at Move-in: _____ Current Household Size: _____

RENT

A) Tenant Paid Rent	\$ _____	
B) Utility Allowance	\$ _____	
C) Rent Assistance *	\$ _____	<input type="checkbox"/> TBA <input type="checkbox"/> PBA <input type="checkbox"/> Other: _____
D) Any Non-Optional Charges	\$ _____	
GROSS RENT FOR UNIT:	\$ 	Unit Meets Rent Restriction at: <input type="checkbox"/> High HOME <input type="checkbox"/> Low HOME
	Compare the above figure to the published Low or High HOME maximum rents for the unit.	Please check required designation: <input type="checkbox"/> Fixed Unit <input type="checkbox"/> Floating Unit
Maximum Gross Rent Limit for this unit: (High or Low HOME Published Rent)	\$ _____	

SIGNATURE OF OWNER/REPRESENTATIVE

I certify under penalties of perjury that the above information is complete and accurate to the best of my knowledge.

Signature of Owner/Representative

Print Name

Date