

OVER INCOME HOUSEHOLD CLARIFICATION FORM

This form is to be completed by management when a household goes over the income limit at the first annual certification.

TENANT NAME: _____ UNIT: _____

MOVE IN DATE: _____ RECERTIFICATION DATE: _____

HOUSEHOLD INCOME AT MOVE-IN: \$ _____ INCOME LIMIT: \$ _____

HOUSEHOLD INCOME AT FIRST ANNUAL CERTIFICATION: \$ _____

INCOME LIMIT AT FIRST ANNUAL CERTIFICATION: \$ _____

Management **MUST** provide the **EXACT** date the increase occurred.

PROVIDE THE REASON FOR THE INCREASE AND THE **EXACT** DATE IT OCCURRED:

Be sure to highlight areas on supporting documentation that pertain to the increase in income. Be sure to include detailed calculations.

LIST SUPPORTING DOCUMENTATION HERE:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Tenant Signature

Date

Management Signature

Date

