

**DELAWARE STATE HOUSING AUTHORITY
ANNUAL TENANT INCOME SELF-CERTIFICATION**

Property Name: _____
 Unit # _____ # of Beds _____
 BIN # _____

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)

List all Household Members name, age, relationship and Social Security Number residing in the unit:

1. HOUSEHOLD COMPOSITION						
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1						
2						
3						
4						
5						
6						

- 2. Has a new member of the household been added to the existing household in the last 12 months?**
 Yes No - If Yes, **STOP** - a Tenant Income Certification/Verification of household income must be completed and compared to the initial household income at move-in for continuing eligibility.
- 3. List below the total combined gross income for your household (include interest received from assets):**

TOTAL GROSS ANNUAL HOUSEHOLD INCOME:

\$

Has the family disposed of any assets valued at \$1,000 or more in the last 2 years for less than Market value?

Circle One Yes / No

4. RENT

Tenant Paid Rent \$ _____ Rental Assistance: \$ _____
 Utility Allowance \$ _____

Other non-optional charges: \$ _____ Unit Meets Rent Restriction at:
 60% 50% 40% 30% _____%

GROSS RENT FOR UNIT:
 (Tenant paid rent plus Utility Allowance & other non-optional charges)

\$

Maximum Rent Limit for this unit: \$ _____
 Current Income Limit for Family Size: \$ _____

5. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?
 YES NO

If YES, Enter Student Explanation*
 (Also Attach Documentation)

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Formerly in Foster Care

Enter 1-5

I understand that the above information has been collected to determine my eligibility for residency and I agree to provide the third party source documentation upon request. By signing this form, I/We certify that the statements made on this certification are true and correct and to the best of my/our knowledge and belief. Resident(s) collectively acknowledge(s) that any misrepresentation or falsification of this certification by any individual household member will be considered a material breach of the lease agreement. I/We agree to notify the owner/management of any changes to my/our household's family composition. I/We agree to immediately move if all members of the household become full time students and are ineligible.

The signature of each household member over the age of 18 is required below:

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Owner Statement: Based on the representation herein, the household defined in this certification is eligible to live in a unit in this development under the provisions of Section 42 of the Internal Revenue Code, as amended.

Owner/Management Agent _____ Date: _____