

# 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 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

