

## SELF-CERTIFICATION OF ANNUAL INCOME (LIHTC Only)

To be completed for the second annual recertification and all subsequent recertifications in 100% tax credit projects.

Property Name:		BIN:	Unit:	Bdrms:
Household Name:		# of Persons in Household:		

<b>REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY</b>
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**HEAD OF 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 next 12 months. Continue on separate sheet of paper if necessary.

	Household Member Name	Date of Birth	Fulltime Student in this calendar year? *
Head			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If all occupants are or will be full time students, attach completed Housing Student Status Verification form.

**INCOME:** Enter household income including income from assets of each adult household member as well as any unearned income and asset income for minors. If some members have no income put "Zero." Every adult Household member must sign below to certify their gross annual income anticipated for the next 12 months. See NOTES on second page of this form. Continue on separate sheet of paper if necessary.

	Household Member Name	Total Gross Annual Income & Income from Assets	Signature of Adult(s)
Head			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Property Name:		Unit:	
Household Name:		# of Persons in Household:	

I agree to notify management IMMEDIATELY if:

- ◆ Anyone in my household becomes a fulltime student, and/or
- ◆ My household composition changes in any way.

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease and is grounds for eviction. I agree to furnish any additional income or other 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

<b>NOTES</b>
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**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. 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), cash cards (Direct Express for example), and real estate. Include the annual interest from these accounts in your total income.

<b>TO BE COMPLETED BY MANAGEMENT</b>
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**MOVE-IN:**

Original Move-in Date: \_\_\_\_\_  
 Set-aside %: \_\_\_\_\_  
 Total Gross Income at Move-In -  
 All Household Members: \$ \_\_\_\_\_

**CURRENT RECERTIFICATION:**

Effective Date of Recertification: \_\_\_\_\_  
 Household Portion of Rent: \$ \_\_\_\_\_  
 Utility Allowance: \$ \_\_\_\_\_  
 Subsidy portion: \$ \_\_\_\_\_  
 Subsidy Type: \_\_\_\_\_

Signature of Management Representative	Print Name	Date
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