

# TIP/GRATUITY INCOME AFFIDAVIT

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

1. Do you receive tips or gratuities at this job?                     YES     NO

2. Please list the average amount of tip/gratuity received: \$ \_\_\_\_\_

\$ \_\_\_\_\_ per             day     week     other \_\_\_\_\_

3. Are all tips reported to the employer?                     YES                     NO

If NO, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

