

<b>TENANT INCOME CERTIFICATION</b>	Move-In Date: _____
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Effective Date: _____

**PART I. DEVELOPMENT DATA**

Property Name: _____	County: _____	BIN: _____
Address: _____	Unit #: _____	# of Bedrooms: _____

**PART II. HOUSEHOLD COMPOSITION**

HH Mbr #	Last Name	First Name	Middle Initial	Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SS#
1										
2										
3										
4										
5										
6										
7										

**PART III. GROSS ANNUAL INCOME**

HH Mbr #	(A) Employment or Wages	(B) Social Security / Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>				
Add totals from above, (A) - (D), to determine total income.			<b>TOTAL INCOME (E) =</b>	

**PART IV. INCOME FROM ASSETS**

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
Current Passbook Rate %			<b>TOTALS</b>	
Enter Column (H) Total (If over \$5,000) \$ _____ X _____ = \$ _____ (J)			<b>IMPUTED INCOME (J) =</b>	
Enter the greater of: Total of column (I) or Imputed Income (J).			<b>TOTAL INCOME FROM ASSETS (K) =</b>	
Add (E) + (K)			<b>TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L) =</b>	

**HOUSEHOLD CERTIFICATION & SIGNATURES**

I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income and assets. I/we agree to notify the landlord immediately if there are changes to the household composition or if any member becomes a full time student during the course of this tenancy. I/we will report any changes in income or household composition that occurs between the time this form is signed and the date it takes effect.

**Under penalties of perjury, I/we certify that the information presented above is true and correct to the best of my/our knowledge and belief. I/we further understand that providing false representations (to include misleading or incomplete information) herein constitutes an act of fraud and may result in the termination of my/our lease.**

_____ Resident Signature	_____ Signature Date	_____ Resident Signature	_____ Signature Date
_____ Resident Signature	_____ Signature Date	_____ Resident Signature	_____ Signature Date

