

Self-Certification of Annual Income Instruction

Head of Household completes items 2 – 19

Purpose: This form may be used for 100% Low Income Tax Credit Properties for the third year and beyond. Initial certification and third-party certification for the second year of occupancy is required; the third year you may use this form.

NOTE: Properties approved for Post-Year 15 monitoring and those with the IRS Recertification Waiver may use this form for all of their recertifications.

NOTE: Back-up documentation is not required by WSHFC but may be required by other funders.

General Information:

This form is to be effective on the lease anniversary date (or initial certification anniversary for in-place residents in an acquisition/rehab) and must be completed within 120 days prior to that date by every household. Remember that a “Head of Household” (HOH) can also be an emancipated minor. There is a “management use only” portion at the end of the form; otherwise, households must complete the form themselves.

Specific Instructions:

1. Enter property name and unit number (management staff may fill this in).
2. Print head of household name (HOH).
3. Enter number of bedrooms.
4. Enter number of persons in household.
5. Print name of HOH.
6. Print HOH date of birth.
7. Check “Yes” or “No” box in response to student question.
8. Print names of additional household members on additional lines.
9. Enter dates of birth for additional household members.
10. Check “Yes” or “No” boxes in response to student question for each additional household member.
11. Print name of HOH.
12. Enter total gross income received by HOH, including assets (see **NOTES** on second page of form). If the HOH has more than one income source, add income from all of his/her individual sources together and enter total. Do not include any income of other household members on this line.

Other Household Adults
Complete item 20

**Management
Completes items
21 - 28**

13. Enter source of income.
14. Initials of HOH go on this line.
15. Print names of all additional household members on additional lines.
16. Enter total gross income received by additional household members, including assets and unearned income of minors, on additional lines.
17. Enter source of income.
18. Print initials of additional adult household members (18 or older or emancipated minor) go on additional lines, even if the adult receives no income.
19. HOH signs, prints name and dates where indicated.
20. Additional adult household members (18 or older or emancipated minor) sign, print and date.
21. Enter original move-in date.
22. Enter effective date of re-certification; this date should be the anniversary date of the initial certification.
23. Enter total gross income amount for entire household (based on self-certification and any back-up documentation).
24. Enter only the resident portion of rent paid.
25. Enter the applicable utility allowance for the unit.
26. Enter subsidy portion of rent, if applicable.
27. Enter the qualifying income set-aside percentage.
28. Management representative who conducts interview or collects information from HOH signs, prints name, and enters date here.

SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: (1) _____ Unit: (1) _____

Household Name: (2) _____

of Bedrooms: (3) _____ # of Persons in Household: (4) _____

REMAINDER OF FORM TO BE COMPLETED BY RESIDENT ONLY

Enter **all household member name(s)** and date(s) of birth below (continue on separate sheet of paper if necessary). Also note whether or not any household member is or will be a fulltime student in next 12 months.

	Household Member Name	Date of Birth	Fulltime Student Status *		
Head	(5) _____	(6) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(7)
2.	(8) _____	(9) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(10)
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	

* Have you, in this calendar year, or will you in the next calendar year, be a fulltime student for five months or more?

Enter **household income** including income from assets of each adult household member. If some members have no income put "Zero." Every **adult** Household member must initial 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	Source of Income	Initials of Adult Household Member
Head	(11) _____	(12) _____	(13) _____	(14) _____
2.	(15) _____	(16) _____	(17) _____	(18) _____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Property Name: (1) Unit: (1)

Household Name: (2)

I agree to notify management IMMEDIATELY if:

- ◆ Anyone in my household becomes a fulltime student;
- ◆ 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:

(19)	(19)	(19)
Head of Household Signature	Print Name	Date
(20)	(20)	(20)
Other Household Adult Signature	Print Name	Date
(20)	(20)	(20)
Other Household Adult Signature	Print Name	Date
(20)	(20)	(20)
Other Household Adult Signature	Print Name	Date

NOTES

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 amount you receive now and amount 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) and real estate. Include the annual interest from these accounts in your total income.

TO BE COMPLETED BY MANAGEMENT		
Original Move-in Date: <u> (21) </u>	Effective Date of Recertification: <u> (22) </u>	
Total Gross Income – All Household Members:	\$ <u> </u>	(23)
Household Portion of Rent: \$ <u> </u> (24)	Utility Allowance: \$ <u> </u> (25)	
Subsidy Portion: \$ <u> </u> (26)	Set-aside %: <u> </u> (27)	
(28)	(28)	(28)
Signature of Management Representative	Printed Name of Management Representative	Date