

SELF-CERTIFICATION OF ANNUAL INCOME

Property Name: _____ **Unit:** _____

Household Name: _____

of Bedrooms: _____ # of Persons in Household: _____

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	_____	_____	<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

* 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	Initials of Adult Household Member
Head	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Household Name: _____

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:

_____	_____	_____
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

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: _____	Effective Date of Recertification: _____	
Total Gross Income – All Household Members:	\$ _____	
Household Portion of Rent: \$ _____	Utility Allowance: \$ _____	
Subsidy Portion: \$ _____	Set-aside %: _____	
_____	_____	_____
Signature of Management Representative	Printed Name of Management Representative	Date