HOUSEHOLD DECLARATION SUPPLEMENT TO REA

(REQUIRED for initial certifications only)

Property Name:						Unit:			
Αį	pplica	ant/Re	side	nt Na	me:				
the	e Wasl	hington	State	e Housi		mission in compliand	ousing Tax Credit or Bond F e with Section 42 and 142 o		
		ehold m and be				een must sign the fo	rms; have their income and	assets third-party	
inc me the Inc fia	cluding ember e apart come o ncé or	spous must b tment n of anyo roomn	es (hu e incl nust b ne an nate n	usband uded ir be inclu ticipate nust als	or wife), roommand the total householded when determed to join the house be counted.	ates, and dependants old income. The inc nining income, unless sehold within the initi	ocument temporarily absent s. Income of any temporarily ome of a spouse, even if he documentation of a legal so all twelve (12) months of occ	y absent household /she will not reside in eparation is provided upancy such as a	
1)	Will	-	be r				ne Rental Eligibility Applica	tion?	
	Ш	Yes	Ш	No	it Yes, identif	y the person and po	osition in the household: _		
2)		Do any household members have a spouse who is not listed as a household member on page 1 of the Rental Eligibility Application?							
		Yes		No	be verified and	included on the Ho	e and income information. ousehold Eligibility Certifica nentation is provided.		
Sp	ouses	Name:				Source of	Income:		
3)	Will	Will anyone be joining your household within twelve (12) months?							
		Yes		No	If "Yes," compl	ete the following:			
Na	ame:				Wher	expected:	Source of Income:		
all un or co	roomr dersta anyon nsider	mates a and that e expe ed frau	and ar comitted to d and	nyone e ing any o join r I is gro	expected to join many current househousehousehousehold with the many current to terminate expected to the many current to the	ny/our household with old members, the spo within the next twelv	nembers, the spouse of all he hin the next twelve (12) monouse of any household memove (12) months from the tendesidency. I/We further undergroval.	ths. I/We ber, any roommates ancy process is	
	ŀ	Head of	House	ehold Si	gnature	Print Head	of Household Name	Date	
	Other /	Adult Ho	ouseho	old Mem	ber Signature	Print Other Adult	Household Member Name	Date	
	Other /	Adult Ho	ouseho	old Mem	ber Signature	Print Other Adult	Household Member Name	 Date	