

ADFA

Effective Date: _____

Affidavit of Income Self-Certification

Household Name: _____
Move-in Date: _____

Development Name: _____
Building Address: _____
Unit #: _____ Number of Bedrooms: _____

HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						
7						

INCOME AND ASSETS (To be completed by adult household members only.)

	<i>Name of Household Member - - ></i>			
1	Wages from employment (including commissions, tips, bonuses, etc.);	\$	\$	\$
2	Income from operation of a business or sales from self-employed resources (e.g. Avon, Mary Kay, Shaklee, etc.);			
3	Rental income from real or personal property			
4	Interest or dividends from assets;			
5	Social Security payments, Veteran's benefits, annuities, insurance policies, retirement funds, pensions, or death benefits;			
6	Unemployment or disability payments;			
7	Public assistance payments			
8	Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;			
9	Student Financial Assistance in Excess of Tuition			
10	Unearned income (such as SSI) for minor children			
11	Any other source not named above. Describe: _____			
12	I currently have no income of any kind and there is no imminent (certain to occur on a known date) change expected in my financial status or employment status during the next 12 months.			
<i>Total for Member</i>		\$	\$	\$

Household's total anticipated gross annual income for the next 12 months	\$ _____
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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 understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Tenant	Printed Name of Tenant	Date

To Be Completed by the Owner/Management Agent

Effective Date of Self-Certification: _____

Mark according to Project AMI Level not according to Tenant Income:

AMI Level: 120%___ 60% ___ 50%___ 30%___

Rent Effective Date: _____

Rent Amount: \$ _____

Utility Allowance _____

Rent Subsidy Amount: _____

Total Gross Rent \$ _____

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 understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Owner/Representative	Printed name of Owner/Representative	Date

- Attach Student Affidavit as part as this certification for LIHTC