

# ADFA

Effective Date: \_\_\_\_\_

## Affidavit of Income Self-Certification

### Emergency Housing Relief

Household Name: _____ Move-in Date: _____	Development Name: _____ Building Address: _____ Unit #: _____ Number of Bedrooms: _____
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#### 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 - - &gt;</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>	\$	\$	\$

<b>Household's total anticipated gross annual income for the next 12 months</b>	\$ _____
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**In addition to the certified income listed above I/We certify to the following:**

- Household income will not exceed the applicable income limits of § 42 at the beginning of our tenancy. (Income limits provided and verified by property owner/management company)
- I/We were displaced from our principal place of residence as a result of a major disaster. Our principal place of residence was declared a disaster city/county designated for individual assistance. (President Declaration) I/we have provided our displaced address below.
- I/we understand that this Emergency Housing Relief shall not extend for more than 4 months beyond the date of the President's major disaster declaration. In this time frame, I/ We will provide to the owner the required documentation under § 42 to support our continued status as a qualified low-income household.

Displaced Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

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: \_\_\_\_\_

President's Declaration Date: \_\_\_\_\_ County: \_\_\_\_\_

Four, (4) month expiration Date: \_\_\_\_\_

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

AMI Level: 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 of this certification for LIHTC
- Records must be retained for all households assisted with Emergency Housing Relief
- ADFA will require a report listing all households assisted and a copy of the Self-Certification for each household. This documentation must be sent to ADFA's Compliance Department at end of the 4 month expiration period.