

## HOUSEHOLD SELF-CERTIFICATION OF INCOME

LHTF or PBHP #								
HOUSEHOLD COMPOSITION								
Last Name	First Name	Middle Initial	Relationship to Head of Household*	Race	Ethnicity	Disabled	Date of Birth	Last 4 digits of SSN
1.			H					
2.								
3.								
4.								
5.								
6.								
7.								

\*See instructions for guidance on filling out this Section.

GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)					
(A) Employment or Wages*	(B) Soc. Security/ Pensions	(C) Public Assistance	(D) Total Income from Assets	(E) Other Income	Total (A+B+C+D+E)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>Add totals from lines (1) through (7), above</b>			<b>TOTAL INCOME (F):</b>		

\*See instructions for guidance on filling out this Section.

### HOUSEHOLD SELF RECERTIFICATION & SIGNATURE

The information on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information presented in this self-certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**Self-Certification of Income  
Calculation & Certification of Owner/Rep**

**Household Composition**

List all occupants of the unit. State each household member’s relationship to the head of household by using one of the following coded definitions:

- |          |                     |          |                            |
|----------|---------------------|----------|----------------------------|
| <b>H</b> | Head of Household   | <b>C</b> | Child                      |
| <b>S</b> | Spouse              | <b>F</b> | Foster child(ren)/adult(s) |
| <b>A</b> | Adult co-tenant     | <b>L</b> | Live-in caretaker          |
| <b>O</b> | Other family member | <b>N</b> | None of the above          |

Enter the date of birth, student status and last four digits of the Social Security Number of each occupant. If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the re-certification document.

**Race:**

- |   |                               |   |  |
|---|-------------------------------|---|--|
| 1 | White                         | 5 | Native Hawaiian/Other Pacific Islander |
| 2 | Black/African American        | 6 | Other                                  |
| 3 | American Indian/Alaska Native | 8 | Choose not to respond                  |
| 4 | Asian                         |   |  |

**Ethnicity:**

- |   |                        |
|---|------------------------|
| 1 | Hispanic or Latino     |
| 2 | Not Hispanic or Latino |
| 3 | Chose not to respond   |

**Disabled\*:**

- |   |                      |
|---|----------------------|
| 1 | Yes                  |
| 2 | No                   |
| 3 | Chose not to respond |

\*See Fair Housing Act for definition of handicap (disability)

[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)

**Gross Annual Income**

Income is determined on the annual gross income a household anticipates it will receive during the next 12 month re-certification period. All household members age 18 and older, persons under the age of 18 who are treated as adults because they are the head of household, or co-head/spouse, and unearned income of minor children must be included in order to establish annual income. For each household member list their income by HH Member # the table at the top of Page 1.

Column (A)	Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.)
Column (D)	Enter the anticipated annual income from assets (i.e. savings account balance multiplied by the annual interest. 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.
Column (E)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Total (A-E)	Total the household member’s total income from all sources in this column.
Total Income (F)	Add the total from the last column for all household members and enter on line F)