							Date:below info is valid) Date:		
]	DEVEL(OPMENT :	DATA				
Property Name: County:									
Address:				·	Unit Number: # Bedrooms:			ns:	
		НО	USEHOI	LD COMP	OSITION				
HH Mbr #	Last Name	First Name & Mi	ddle F	Relationship of House		Date of Birth (MM/DD/YYYY)	Age	Student at Institution of Higher Ed	
1 2		HI		HEA	AD				
3									
4									
5									
6									
7									
<u> </u>		GROSS ANNUA	L INCO	ME (USE	ANNUAL	AMOUNTS)			
HH Mbr #	(A)		(B) ecurity/Pensions		(C) Public Assistance		(D) Other Income		
TOTALS \$				\$		\$			
Add totals from (A) through (D), above			· ·			NCOME (E):			
		T	NCOMI	E EDOM A	CCETC		<u> </u>		
Hshld Mbr #	(F)		(G)		(H) Cash Value of Asset		(I) Annual Income from Asset		
TOTALS: \$							\$		
Enter Column (H) Total Passbook Rate If over \$5000 \$ X .06 % = (J) Impu						Imputed Income			
(Effective 2/1/15) Enter the greater of the total of column I, or J: imputed income TOTAL INCOME FROM ASSET						M ASSETS (K)	\$		
(L) Total Annual Household Income from all Sources [Add (E) + (K)]							\$		
Check One: 30% 50% 60% 80% Area Median Income Limi						come Limit	\$		
	DENT INEO	DMATION (if an	nliaahla)	\		_			
	KENI INFO	RMATION (if ap	piicabie)	Under 1	penalties of n	oriury I/wa	a cartify that the	
TOTAL RENT FOR UNIT: (Tenant Rent plus any Rent Assistance) \$ UTILITY ALLOWANCE \$ GROSS RENT FOR UNIT: (total rent received plus utility allowance)					Under penalties of perjury, I/we certify that the information presented in this 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. False, misleading or				
Check One:					incomplete information may result in the termination of the lease agreement.				